



# **Iowa Council on Human Services**

## **State Fiscal Year 2018 and 2019 Budget Submission**

**Director Charles M. Palmer**

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# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

Charles M. Palmer  
Director

September 2, 2016

Pastor Mark Anderson  
910 6<sup>th</sup> St., NW  
Waverly, IA 50677

Dear Mark:

This letter accompanies our biennial state fiscal year (SFY) 2018 and 2019 budget for consideration by the Council on Human Services. The department and I remain committed to the over one million Iowans who benefitted from the core programs and services administered by the Department in SFY16. We are also committed to Governor Branstad's and Lt. Governor Reynolds' work to restore predictability and stability to the budget process.

Within the framework of our commitment to Iowans and to the Governor's goals and initiatives, we have considered how we can most effectively accomplish our mission and vision. This biennial SFY 2018 and 2019 budget request is largely a status quo request. We will continue to work with the administration and the Department of Management over the next several months leading up to the 2017 legislative session to fully develop the budget. These efforts will promote our core program and service needs within the context of the Governor's budget recommendation for the department for SFY18 and SFY19.

The budget documents included here reflect the status quo budget request described above. Two exceptions are noted: 1) the medical assistance program reflects current service level adjustments; 2) current service level adjustments are also included to restore one-time funding in the SFY 2017 enacted budget. Additional program and statistical information, consistent with prior year budget documents, will be reviewed at the September Council meeting.

With you, we remain dedicated to the work of the Department and the critical roles it plays in making a difference in the lives of Iowans. After your deliberations, the Council on Human Services' recommendations will be forwarded to the Governor. The document will be posted on the DHS web site and accessible to individuals and organizations interested in our work.

I look forward to meeting with you to discuss the budget.

Pastor Mark Anderson  
September 2, 2016  
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Sincerely,

A handwritten signature in black ink, appearing to read 'C. M. Palmer', with a stylized, flowing script.

Charles M. Palmer  
Director

cc: Council Members

Pastor Mark A. Anderson  
Dr. Phyllis S. Hansell  
Alexa Heffernan  
Kimberly Kudej  
Guy W. Richardson  
Kimberly A. Spading  
Sam Wallace  
State Senator Amanda Ragan  
State Senator Mark Segebart  
State Representative Joel Fry  
State Representative Lisa Heddens

Enclosure





### ***Iowa Council on Human Services***

Pastor Mark Anderson, Chairperson  
Dr. Phyllis S. Hansell, Vice-Chairperson

Alexa Heffernan  
Kimberly Kudej  
Guy W. Richardson  
Kimberly A. Spading  
Sam Wallace

### ***Ex-Officio Members***

State Senator Amanda Ragan  
State Senator Mark Segebart  
State Representative Joel Fry  
State Representative Lisa Heddens

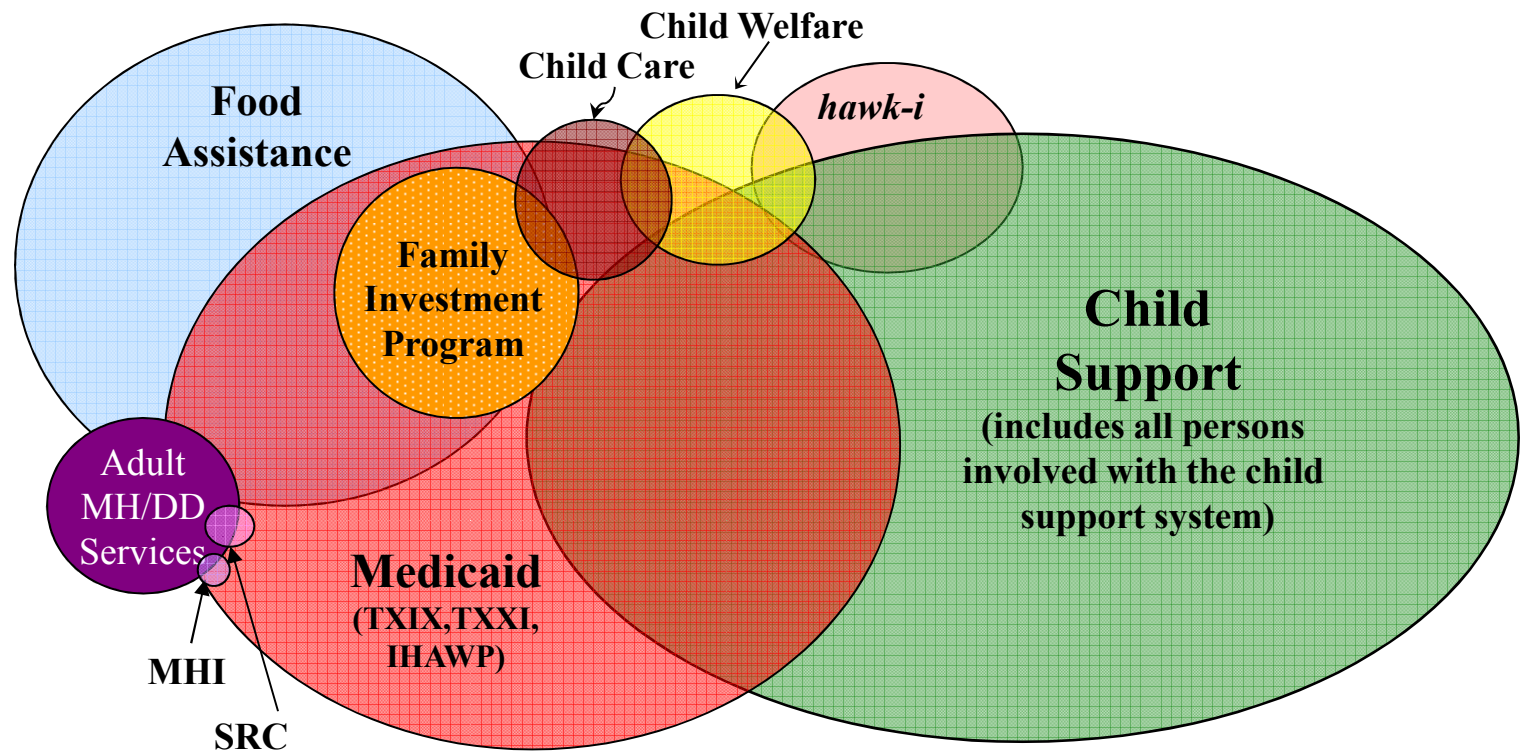
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# Total DHS Clients Served

(1,002,587 unduplicated)

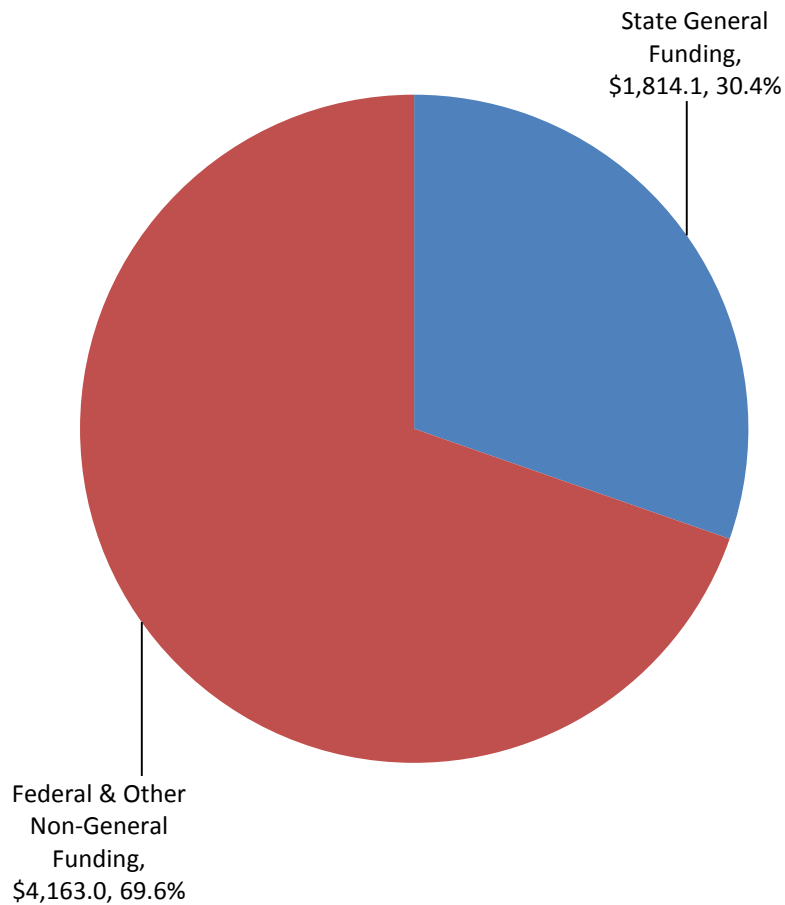


Data as of June 2016: This report shows Iowans served by DHS in a single month. Some individuals may be included in more than one program.

Report Generated – August 10, 2016

<p><b>Iowa Population</b>  <b>3,046,355</b>  <b>(2010 Census)</b></p> <p><b>% of Population Served: 33%</b></p>
---

**SFY 2018 DHS Budget Submission to Council  
By Funding Source  
Total Budget \$5,977,050,487**



- ✓ The DHS budget request for SFY18 and SFY19 provides resources needed to deliver services to Iowa's most needy and vulnerable while implementing carefully considered cost management initiatives.
- ✓ DHS leadership will continue to pursue cost management initiatives over the next four months leading up to the 2017 legislative session.
- ✓ These initiatives will be considered in light of the resources necessary to achieve our strategic goals while recognizing the challenges of continuing predictability and stability in the state budget.



**Department of Human Services**  
**Where Does the Money Go?**  
**SFY18 Total Funds: \$5,977,050,487**

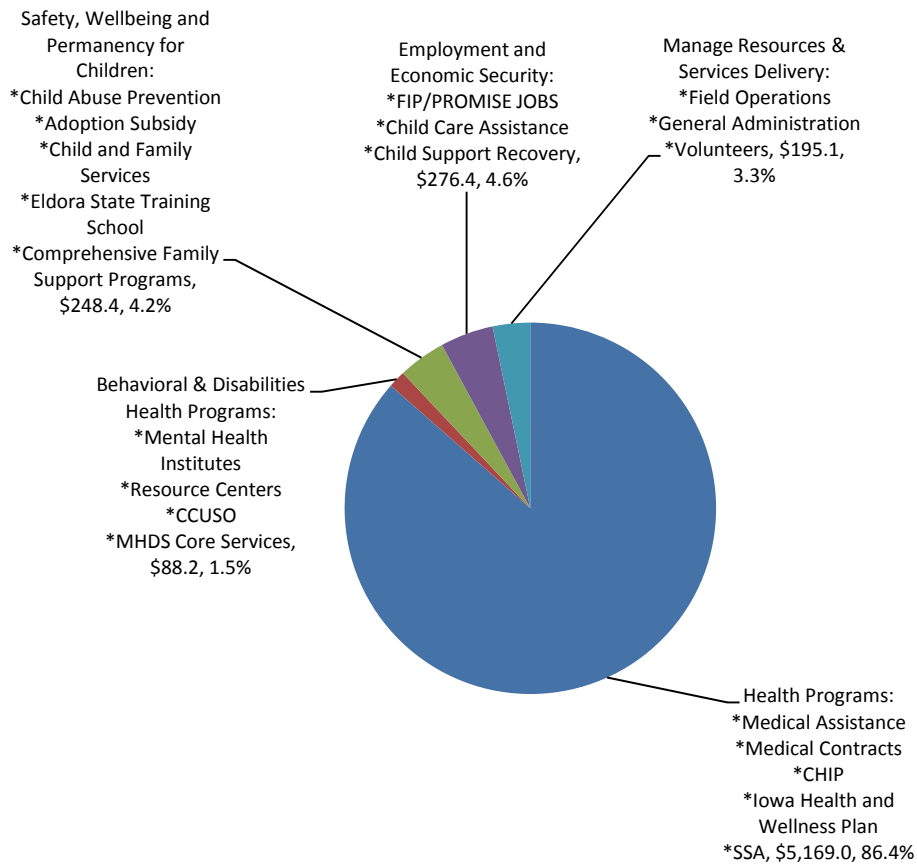


\$0.03	\$0.05	\$0.04	\$0.02	\$0.86
				Health Programs (\$5,169,000,000)
				Behavioral & Disabilities Health Programs (\$88,000,000)
				Safety, Well-Being, & Permanency for Children (\$248,000,000)
				Employment & Economic Security (\$276,000,000)
				Manage Resources & Service Delivery (\$195,000,000)

## SFY 2018 DHS Budget Submission to Council

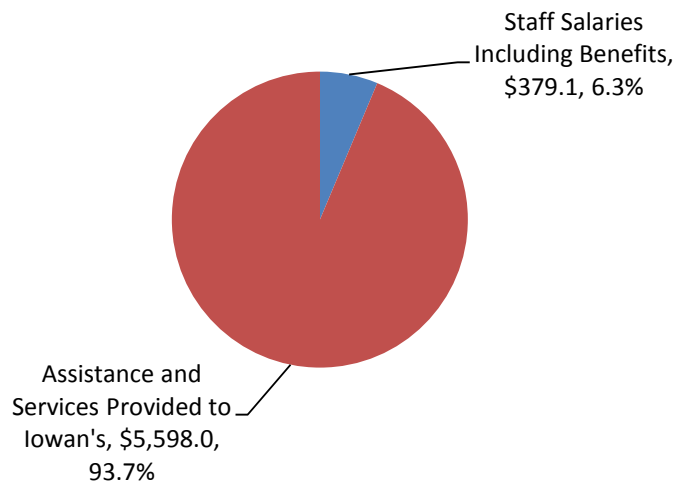
### By Request

**Total Budget: \$5,977,050,487**



## DHS Staff Salary Comparison

**Total Budget: \$5,977,050,487**



**Iowa Department of Human Services**  
**SFY18 Budget Summary**  
**Comparison of the SFY17 Enacted Appropriation and the SFY18 Department Request**

Appropriation	SFY17 Enacted <sup>1</sup>	SFY18 DHS Request <sup>1</sup>	Variance	Variance Explanation
Medical Assistance	\$1,318,246,446	\$1,366,103,900	\$47,857,454	The SFY18 DHS request includes additional funding for anticipated enrollment and cost growth. This growth is partially offset by a reduced demand on state dollars due to an FMAP rate increase.
Medical Contracts	17,045,964	18,313,964	1,268,000	The SFY18 DHS request includes \$1,268,000 to replace one-time Autism Support carry-forward funds appropriated in SFY17 that will not be available in SFY18.
CHIP	9,176,652	9,176,652	0	--
State Supplementary Assistance	11,611,442	11,611,442	0	--
Cherokee	14,854,041	14,854,041	0	--
Independence	19,442,287	19,442,287	0	--
Glenwood	20,719,486	20,719,486	0	--
Woodward	14,053,011	14,053,011	0	--
Conners	33,632	33,632	0	--
CCUSO	10,637,755	10,637,755	0	--
MH Regions	3,000,000	3,000,000		--
Child Abuse Prevention	232,570	232,570	0	--
Adoption	43,046,664	43,046,664	0	--
CFS	84,482,419	89,960,517	5,478,098	The SFY18 DHS request includes \$5,478,098 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY18.
Eldora	13,567,834	13,567,834	0	--
Family Support Subsidy	1,069,282	1,069,282	0	--
Family Investment Program	48,673,875	48,673,875	0	--
Child Care Assistance	36,389,561	40,216,046	3,826,485	The SFY18 DHS request includes \$3,826,485 to replace one-time carry-forward funds appropriated in SFY17 that will not be available in SFY18.
Child Support Recovery Unit	14,663,373	14,663,373	0	--
Field Operations	54,442,877	58,920,976	4,478,099	The SFY18 DHS request includes \$4,478,099 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY18.
General Admin	15,673,198	15,673,198	0	--
Volunteers	84,686	84,686	0	--
<b>GRAND TOTAL</b>	<b>\$1,751,147,055</b>	<b>\$1,814,055,191</b>	<b>\$62,908,136</b>	

Notes

1. Both the SFY17 enacted appropriation and SFY18 department request include a \$2,879,274 appropriation for DHS facilities distributed as follows:

-- CCUSO	\$444,676
-- Cherokee	\$210,000
-- Eldora	\$1,334,414
-- Independence	\$890,184

Iowa Department of Human Services  
SFY19 Budget Summary  
Comparison of the SFY17 Enacted Appropriation and the SFY19 Department Request

Appropriation	SFY17 Enacted <sup>1</sup>	SFY19 DHS Request <sup>1</sup>	Variance	Variance Explanation
Medical Assistance	\$1,318,246,446	\$1,416,908,566	\$98,662,120	The SFY19 DHS request includes additional funding for anticipated enrollment and cost growth. This growth is partially offset by a reduced demand on state dollars due to an FMAP rate increase.
Medical Contracts	17,045,964	18,313,964	1,268,000	The SFY19 DHS request includes \$1,268,000 to replace one-time Autism Support carry-forward funds appropriated in SFY17 that will not be available in SFY19.
CHIP	9,176,652	9,176,652	0	--
State Supplementary Assistance	11,611,442	11,611,442	0	--
Cherokee	14,854,041	14,854,041	0	--
Independence	19,442,287	19,442,287	0	--
Glenwood	20,719,486	20,719,486	0	--
Woodward	14,053,011	14,053,011	0	--
Connors	33,632	33,632	0	--
CCUSO	10,637,755	10,637,755	0	--
MH Regions	3,000,000	3,000,000		--
Child Abuse Prevention	232,570	232,570	0	--
Adoption	43,046,664	43,046,664	0	--
CFS	84,482,419	89,960,517	5,478,098	The SFY19 DHS request includes \$5,478,098 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY19.
Eldora	13,567,834	13,567,834	0	--
Family Support Subsidy	1,069,282	1,069,282	0	--
Family Investment Program	48,673,875	48,673,875	0	--
Child Care Assistance	36,389,561	40,216,046	3,826,485	The SFY19 DHS request includes \$3,826,485 to replace one-time carry-forward funds appropriated in SFY17 that will not be available in SFY19.
Child Support Recovery Unit	14,663,373	14,663,373	0	--
Field Operations	54,442,877	58,920,976	4,478,099	The SFY19 DHS request includes \$4,478,099 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY19.
General Admin	15,673,198	15,673,198	0	--
Volunteers	84,686	84,686	0	--
<b>GRAND TOTAL</b>	<b>\$1,751,147,055</b>	<b>\$1,864,859,857</b>	<b>\$113,712,802</b>	

Notes

1. Both the SFY17 enacted appropriation and SFY19 department request include a \$2,879,274 appropriation for DHS facilities distributed as follows:

-- CCUSO	\$444,676
-- Cherokee	\$210,000
-- Eldora	\$1,334,414
-- Independence	\$890,184



**Request - Medical Assistance  
State Fiscal Year 2018**

**Request Total:** \$4,936,320,682

**General Fund Need:** \$1,366,103,900

**Request Description:**

This request maintains current Iowa Medicaid eligibility standards, and provides those services mandated by Title XIX for all eligible individuals. This request also provides all State Plan services which are not "mandatory" under Title XIX but which are medically necessary and currently covered by Iowa Medicaid.

This request provides funding for the Iowa Health and Wellness Plan. Beginning January 1, 2014, the Iowa Health and Wellness Plan will cover all Iowans ages 19-64 with incomes up to and including 133 percent of the Federal Poverty Level (FPL). The plan will provide a comprehensive benefit package and provider network, along with important program innovations that will improve health outcomes and lower costs. The new plan serves many former IowaCare enrollees. The majority of program costs will be funded with 100% federal funds through calendar year 2016. This enhanced federal match rate will be 95% in 2017 and gradually decline to 90% by 2020, where it will remain permanently. A small portion of enrollees will receive regular federal match rates because they were previously eligible for other full benefit Medicaid eligibility groups.

Funding for the Health Insurance Premium Payment (HIPP) program is also included. The purpose of the HIPP program is to reduce Medicaid costs by obtaining health insurance for Medicaid-eligible people. Section 4402 of the Omnibus Budget Reconciliation Act (OBRA) permits states to pay the cost of enrolling an eligible Medicaid recipient in an employer group health insurance plan when it is determined cost-effective to do so. Medicaid program costs are reduced by establishing or maintaining a third-party resource as the primary payer of the recipient's medical expenses. This is particularly true for persons who may not otherwise enroll in an available health insurance plan or who may drop health insurance once Medicaid eligibility is attained.

**SFY17 Enacted Appropriation - 2016 Session**

SFY17 Enacted Appropriation

\$1,318,246,446

**Total State \$ Appropriated:**

\$1,318,246,446

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	<b>Prior Year Unfunded Need</b> -- There is an estimated Medical Assistance unfunded need in SFY17. This funding gap will need to be covered in addition to program growth in SFY18.	\$17,375,310
2	<b>Process Improvement Savings</b> -- The \$16.8 million in improved process savings included in the SFY17 budget will be accomplished with one-time savings that will not be available in SFY18.	\$16,772,391
3	<b>Cost Containment to Maintain Process Improvement Savings</b> -- The department will maintain the \$16.8 million in savings by implementing cost containment strategies to provide ongoing, sustained savings. Cost containment/management strategies will be discussed with the council and other stakeholders prior to a final recommendation of specific strategies to achieve these specified savings.	(\$16,772,391)
4	<b>Enrollment and Expenditure Growth</b> -- 2.2% increase in member months. Per member per month expenditure growth will be established over the next several months as the department obtains further information on emerging experience (no estimate for expenditure growth is included here).	\$34,596,850
5	<b>Medicare Increases</b> -- Growth is driven by increases to Medicare Part A and Part B premiums and Medicare Part D per diems. These rates are established by CMS.	\$13,655,701
6	<b>Other Expenditure Changes</b> -- Changes in cost for populations (HIPP, PACE, Medically Needy, etc.) and services (dental) covered under the fee-for-service Medicaid program.	\$3,514,814
7	<b>Other Revenue Changes</b> -- Changes in revenues (drug rebates, other recoveries, etc.) retained by the state.	\$2,883,638
8	<b>Fee-For-Service Claims Runout</b> -- No runout costs are expected in SFY18.	(\$6,935,429)
9	<b>Withhold Payment</b> -- Withhold payment for the final 7 months of the initial contract period and for the first 6 months of the second contract period.	\$11,856,133
10	<b>Health Insurer Fee</b> -- No health insurer fee payment in SFY18.	\$0
11	<b>State Funding Change</b> -- Reduction in anticipated Health Care Trust Fund and Palo tax revenue.	\$3,272,140

**Request - Medical Assistance  
State Fiscal Year 2018**

12	<b>Rebasing</b> -- Nursing facility and home health rebasing are scheduled to occur in SFY18 with an estimated state cost of \$45 million and \$5.9 million, respectively. Outpatient hospital rebasing will also occur in SFY18, but hospital rebasing has historically been budget neutral unless there was a specific directive authorizing an increase.	\$50,900,000
13	<b>Rebasing Budget Neutrality Adjustment</b> -- This request assumes SFY18 rebasing for nursing facilities and home health agencies will be budget neutral.	(\$50,900,000)
14	<b>FMAP Change</b> -- Reduced state need as a result of an increased FMAP rate. The federal rate is estimated to increase from 56.28% to 57.60% which generates a state savings of \$49.7 million. This is partially offset by a phase-down of the Iowa Health and Wellness Plan newly eligible FMAP rate from 97.50% to 94.50%. This increases state expenditures by \$17.3 million.	(\$32,361,703)
<b>Total Requested for Current Service Level Funding:</b>		<u>\$47,857,454</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
1		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$1,366,103,900</b>
<b>General Fund Change From Prior Year</b>	<b>\$47,857,454</b>

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$1,658,999,108</b>
	<b>Program</b>
General Fund	\$1,366,103,900
Health Care Trust Fund	\$219,890,000
Quality Assurance Trust Fund	\$36,705,208
Hospital Health Care Access Trust Fund	\$34,700,000
Other*	\$1,600,000
Total	<u>\$1,658,999,108</u>

\* Other: Includes Palo tax and Medicaid Fraud Fund revenue.

<b>Federal Funding Total</b>	<b>\$2,813,405,149</b>
	<b>Program</b>
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Federal Financial Participation (FFP)	\$2,813,405,149
Other**	\$0
Total	<u>\$2,813,405,149</u>

\*\* Other:

<b>Other Funding Total</b>	<b>\$463,916,425</b>
	<b>Program</b>
Other***	\$463,916,425

\*\*\*Other: Includes intergovernmental transfers, rebates and recoveries, state resource centers, and school-based services.

<b>Totals</b>	<b>Program</b>	<b>Request Total</b>
	<u>\$4,936,320,682</u>	<u><u>\$4,936,320,682</u></u>

**FTEs included in request:**

<b>FTEs</b>	<b>14.0</b>
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**Request - Medical Assistance  
State Fiscal Year 2019**

**Request Total:** \$5,090,468,489

**General Fund Need:** \$1,416,908,566

**Request Description:**

This request maintains current Iowa Medicaid eligibility standards, and provides those services mandated by Title XIX for all eligible individuals. This request also provides all State Plan services which are not “mandatory” under Title XIX but which are medically necessary and currently covered by Iowa Medicaid.

This request provides funding for the Iowa Health and Wellness Plan. Beginning January 1, 2014, the Iowa Health and Wellness Plan will cover all Iowans ages 19-64 with incomes up to and including 133 percent of the Federal Poverty Level (FPL). The plan will provide a comprehensive benefit package and provider network, along with important program innovations that will improve health outcomes and lower costs. The new plan serves many former IowaCare enrollees. The majority of program costs will be funded with 100% federal funds through calendar year 2016. This enhanced federal match rate will be 95% in 2017 and gradually decline to 90% by 2020, where it will remain permanently. A small portion of enrollees will receive regular federal match rates because they were previously eligible for other full benefit Medicaid eligibility groups.

Funding for the Health Insurance Premium Payment (HIPP) program is also included. The purpose of the HIPP program is to reduce Medicaid costs by obtaining health insurance for Medicaid-eligible people. Section 4402 of the Omnibus Budget Reconciliation Act (OBRA) permits states to pay the cost of enrolling an eligible Medicaid recipient in an employer group health insurance plan when it is determined cost-effective to do so. Medicaid program costs are reduced by establishing or maintaining a third-party resource as the primary payer of the recipient’s medical expenses. This is particularly true for persons who may not otherwise enroll in an available health insurance plan or who may drop health insurance once Medicaid eligibility is attained.

**SFY17 Enacted Appropriation - 2016 Session**

SFY17 Enacted Appropriation

**Total State \$ Appropriated:** \$1,318,246,446  
\$1,318,246,446

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	<b>SFY18 Prior Year Unfunded Need</b> -- There is an estimated Medical Assistance unfunded need in SFY17. This funding gap will need to be covered in addition to program growth in SFY18.	\$17,375,310
2	<b>SFY19 Prior Year Unfunded Need</b> -- Not applicable.	\$0
3	<b>SFY18 Process Improvement Savings</b> -- The \$16.8 million in improved process savings included in the SFY17 budget will be accomplished with one-time savings that will not be available in SFY18.	\$16,772,391
4	<b>SFY19 Process Improvement Savings</b> -- Not applicable.	\$0
5	<b>SFY18 Cost Containment to Maintain Process Improvement Savings</b> -- The department will maintain the \$16.8 million in savings by implementing cost containment strategies to provide ongoing, sustained savings. Cost containment/management strategies will be discussed with the council and other stakeholders prior to a final recommendation of specific strategies to achieve these specified savings.	(\$16,772,391)
6	<b>SFY19 Cost Containment to Maintain Process Improvement Savings</b> -- No additional cost containment strategies are being proposed.	\$0
7	<b>SFY18 Enrollment and Expenditure Growth</b> -- 2.2% increase in member months. Per member per month expenditure growth will be established over the next several months as the department obtains further information on emerging experience (no estimate for expenditure growth is included here).	\$34,596,850
8	<b>SFY19 Enrollment and Expenditure Growth</b> -- Includes an assumed increase in member months. Per member per month expenditure growth will be established over the next several months as the department obtains further information on emerging experience (no estimate for expenditure growth is included here).	\$12,398,720
9	<b>SFY18 Medicare Increases</b> -- Growth is driven by increases to Medicare Part A and Part B premiums and Medicare Part D per diems. These rates are established by CMS.	\$13,655,701

**Request - Medical Assistance  
State Fiscal Year 2019**

10	<b>SFY19 Medicare Increases</b> -- Growth is driven by increases to Medicare Part A and Part B premiums and Medicare Part D per diems. These rates are established by CMS.	\$6,667,267
11	<b>SFY18 Other Expenditure Changes</b> -- Changes in cost for populations (HIPP, PACE, Medically Needy, etc.), and services (dental) covered under the fee-for-service Medicaid program.	\$3,514,814
12	<b>SFY19 Other Expenditure Changes</b> -- Changes in cost for populations (HIPP, PACE, Medically Needy, etc.), and services (dental) covered under the fee-for-service Medicaid program.	\$6,395,106
13	<b>SFY18 Other Revenue Changes</b> -- Changes in revenues (drug rebates, other recoveries, etc.) retained by the state.	\$2,883,638
14	<b>SFY19 Other Revenue Changes</b> -- Changes in revenues (drug rebates, other recoveries, etc.) retained by the state.	(\$8,343,400)
15	<b>SFY18 Fee-For-Service Claims Runout</b> -- No runout costs are expected in SFY18.	(\$6,935,429)
16	<b>SFY19 Fee-For-Service Claims Runout</b> -- No runout costs are expected in SFY19.	\$0
17	<b>SFY18 Withhold Payment</b> -- Withhold payment for the final 7 months of the initial contract period and for the first 6 months of the second contract period.	\$11,856,133
18	<b>SFY19 Withhold Payment</b> -- Withhold payment for the final 6 months of the second contract period and for the first 6 months of the third contract period.	(\$2,034,710)
19	<b>SFY18 Health Insurer Fee</b> -- No health insurer fee payment in SFY18.	\$0
20	<b>SFY19 Health Insurer Fee</b> -- Annual health insurer fee payment in September 2018 assumed at 4 percent of non-LTSS capitation revenue.	\$28,814,686
21	<b>SFY18 State Funding Change</b> -- Reduction in anticipated Health Care Trust Fund and Palo tax revenue.	\$3,272,140
22	<b>SFY19 State Funding Change</b> -- Not applicable.	\$0
23	<b>SFY18 Rebasing</b> -- Nursing facility and home health rebasing are scheduled to occur in SFY18 with an estimated state cost of \$45 million and \$5.9 million, respectively. Outpatient hospital rebasing will also occur in SFY18, but hospital rebasing has historically been budget neutral unless there was a specific directive authorizing an increase.	\$50,900,000
24	<b>SFY19 Rebasing</b> -- Inpatient hospital rebasing will occur in SFY19, but hospital rebasing has historically been budget neutral unless there was a specific directive authorizing an increase.	\$0
25	<b>SFY18 Rebasing Budget Neutrality Adjustment</b> -- This request assumes SFY18 rebasing for nursing facilities and home health agencies will be budget neutral.	(\$50,900,000)
26	<b>SFY19 Rebasing Budget Neutrality Adjustment</b> -- Not applicable.	\$0
27	<b>SFY18 FMAP Change</b> -- Reduced state need as a result of an increased FMAP rate. The federal rate is estimated to increase from 56.28% to 57.60% which generates a state savings of \$49.7 million. This is partially offset by a phase-down of the Iowa Health and Wellness Plan newly eligible FMAP rate from 97.50% to 94.50%. This increases state expenditures by \$17.3 million.	(\$32,361,703)
28	<b>SFY19 FMAP Change</b> -- No change in the regular FMAP is assumed, but the Iowa Health and Wellness Plan newly eligible FMAP rate is scheduled to decline from 94.50% to 93.50%. This increase state expenditures by \$6.9 million.	\$6,906,997

**Total Requested for Current Service Level Funding:** \$98,662,120



**Request - Medical Assistance  
State Fiscal Year 2019**

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
1		\$0
<b>Total Requested for Improved Results Funding:</b>		<b>\$0</b>

<b>General Fund Total</b>	<b>\$1,416,908,566</b>
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<b>General Fund Change From Prior Year</b>	<b>\$98,662,120</b>
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**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$1,709,803,774</b>
----------------------------	------------------------

	<b>Program</b>
General Fund	\$1,416,908,566
Health Care Trust Fund	\$219,890,000
Quality Assurance Trust Fund	\$36,705,208
Hospital Health Care Access Trust Fund	\$34,700,000
Other*	\$1,600,000
<b>Total</b>	<b>\$1,709,803,774</b>

\* Other:

<b>Federal Funding Total</b>	<b>\$2,890,912,358</b>
------------------------------	------------------------

	<b>Program</b>
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Federal Financial Participation (FFP)	\$2,890,912,358
Other**	\$0
<b>Total</b>	<b>\$2,890,912,358</b>

\*\* Other:

<b>Other Funding Total</b>	<b>\$489,752,357</b>
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	<b>Program</b>
Other***	\$489,752,357

\*\*\*Other: Includes intergovernmental transfers, rebates and recoveries, state resource centers, and school-based services.

<b>Totals</b>	<b>Program</b>
	\$5,090,468,489

<b>Request Total</b>
<b>\$5,090,468,489</b>

**FTEs included in request:**

<b>FTEs</b>	<b>14.0</b>
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# **Improve Iowans' Health Status**

**Medical Assistance  
Iowa Health and Wellness Plan  
Children's Health Insurance Program  
Medical Contracts  
State Supplementary Assistance**

# Medical Assistance

## Medicaid - Title XIX



### Purpose

Medical Assistance (Medicaid—Title XIX) provides medically necessary health care coverage for financially needy adults, children, parents with children, people with disabilities, elderly people and pregnant women. The goal is for members to live healthy, stable and self-sufficient lives.

Effective April 1, 2016, Medicaid Modernization is a major initiative in which the Iowa Department of Human Services (DHS) has enrolled the majority of the Medicaid members in managed care organizations (MCOs), Children's Health Insurance Plan (CHIP), Healthy and Well Kids in Iowa (**hawk-i**) and Iowa Health and Wellness Plan members are also enrolled in MCOs). DHS has contracted with MCOs to provide comprehensive health care services including physical health, behavioral health and long term supports and services. This single system of care promotes the delivery of efficient, coordinated and high quality health care and establishes accountability in health care coordination.

IA Health Link is the name and brand for the new managed care program. The IA Health Link name and logo represents the connection between physical health, behavioral health, and long term care. It previously represented the Iowa Health and Wellness Plan and was designed for subsequent Medicaid transitions. Using the IA Health Link branding to represent the managed care program supports the state's efforts to ensure a successful transition.

### Who Is Helped

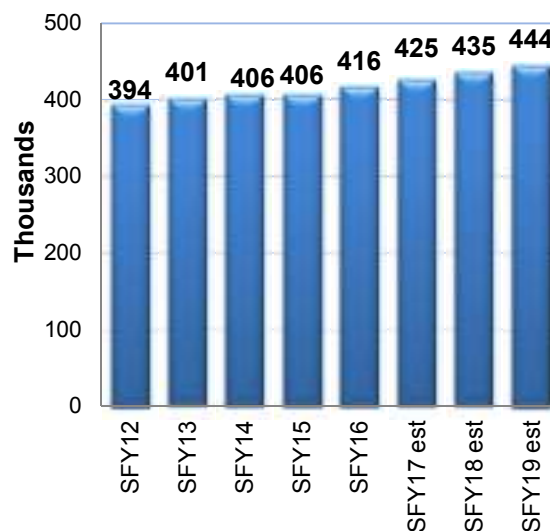
Medicaid is projected to serve nearly 770,000 Iowans (unduplicated) or 24.0 percent of Iowa's population in SFY17 and over 795,000 (unduplicated) or 25.7 percent of Iowa's population by SFY19.

- Medicaid is Iowa's second largest health care payer, processing nearly 32 million claims in SFY16 (10 percent decrease from SFY15).

Traditional Medicaid eligibility is based on a combination of income and other criteria that must be met.

- Members must meet certain income criteria based on multiple eligibility standards and be a U.S. citizen or a legal qualified non-citizen. Citizenship status is verified through the Social Security Administration and legal non-citizens must provide original documentation to verify their status.
- Generally, Medicaid covers low-income members who are aged (over age 65), blind, disabled, pregnant women, children (under 21 years of age), or members of a family with children.

### Average Regular Medicaid Enrollment\*

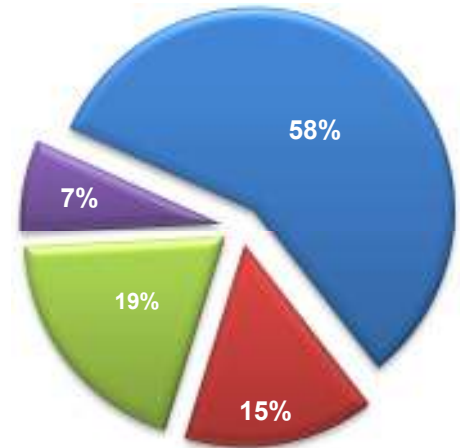


\*Note: Excludes Health and Wellness Plan and Family Planning Waiver

- Medicaid is not available to individuals considered to be inmates of public, non-medical institutions except for inpatient hospital care provided off the grounds of the jail/prison under certain circumstances. Persons who are on probation or are paroled are not considered inmates. Persons who are on work release are considered to be inmates.
- The most common Medicaid member is, on average, a 9-year old child who is very healthy and uses very few health care services apart from well-child care, immunizations, and treatment for common childhood illnesses, such as ear infections. Medicaid covers thousands of such children for very minimal cost.
- Additional populations served include:
  - Individuals with income over 133 percent of the Federal Poverty Level (FPL) through the Family Planning Waiver. This program provides very limited covered services.
  - Medicare populations, where Medicaid covers the cost of Medicare premiums, deductibles, and co-payments (Qualified Medicare Beneficiaries).
- The Iowa Health and Wellness Plan was enacted through bi-partisan legislation to provide comprehensive health coverage to low income adults. The plan offers coverage to adults age 19-64 with an income up to 133 percent of the FPL (\$15,800 per year for a family of one in 2016). The plan began on January 1, 2014, and currently serves more than 135,000 Iowans.
  - The Iowa Wellness Plan covers adults ages 19 to 64 with incomes at or below 100 of FPL (\$11,880 for individuals or \$16,020 for a family of two in 2016). Prior to April 1, 2016, members were able to choose a provider from the statewide Medicaid provider network and get care from local providers.

### Average Regular Medicaid Enrollment SFY16: 416,285\*

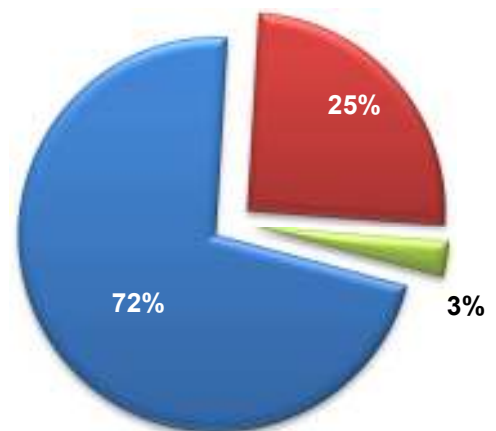
- Child (58%)
- Adult (15%)
- Disabled (19%)
- Elderly (7%)



\*Note: Excludes Health and Wellness Plan and Family Planning Waiver

### Ending Medicaid Enrollment SFY16

- Regular Medicaid (72%)
- Iowa Health and Wellness Plan (25%)
- Family Planning Waiver (3%)

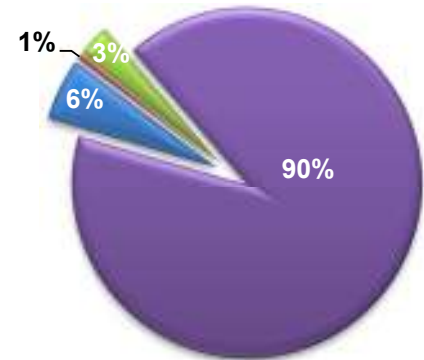




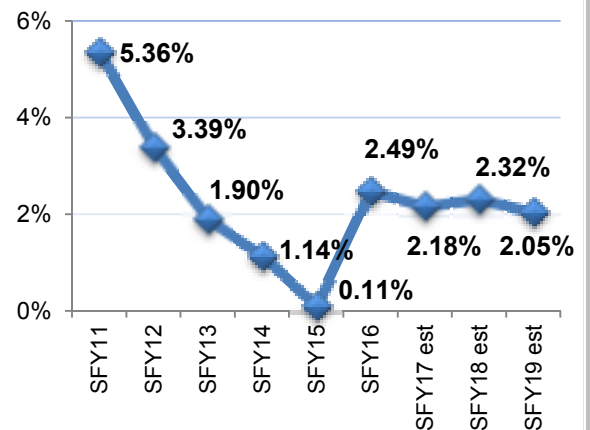
- Enrollment growth is increasing.**  
 There were 416,285 members enrolled in regular Medicaid in SFY16, a growth of 2.5 percent from SFY15. Growth has increased from 0.1 percent in SFY15 and 1.14 percent in SFY14. Excluding the Iowa Health and Wellness Plan, enrollment growth is projected to increase by 2.3 percent in SFY18 and 2.1 percent in SFY19.
- Of those newly enrolled, the largest growth in recent years has been with children. In SFY13 growth was 2.43 percent, in SFY14, growth fell to 0.91 percent, in SFY15, enrollment declined by 0.48 percent. Enrollment grew in SFY16 by 3.62 percent. Growth for SFY17-19 is projected to be 2.87 percent in SFY17, 2.86 in SFY18, and 2.43 percent in SFY19.
- Medicaid plays a key role in the state's child welfare system by funding health care for children in state care. Medicaid provides coverage to children in subsidized adoptive homes, thereby making permanent placement more accessible for children who cannot return to their birth families.

### Members by Setting SFY16

- HCBS Waivers (23,839)
- ICF/ID (1,800)
- NF (12,668)
- Home (377,978)



### Medicaid Enrollment Change



\*Note: Excludes Health and Wellness Plan and Family Planning Waiver

### Estimated Enrollment Fee-for-Service v Managed Care\*

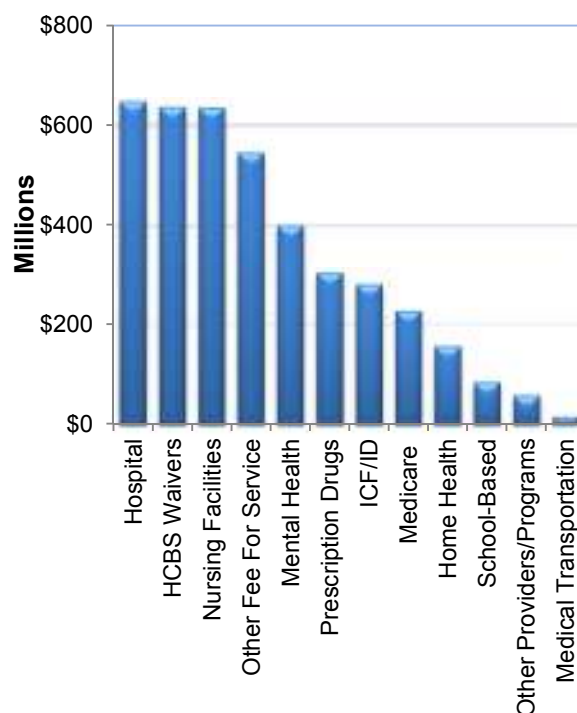
- Fee-for-Service 6%
- Managed Care Organization 94%



\*Regular Medicaid

	<ul style="list-style-type: none"> <li>✓ Since SFY10, children have accounted for 66 percent of Medicaid growth.</li> <li>✓ Medicaid serves adults with serious and persistent mental illness (such as schizophrenia or bipolar disorder) and children with Serious Emotional Disturbance. Studies show that adults with serious mental illness live 25 years less than adults without this condition.</li> <li>✓ Medicaid serves elderly persons who are low-income and very frail. The typical long term care member for older lowans (65 and older) is a 72 year-old female who needs assistance with at least one activity of daily living, such as personal care.</li> <li>✓ Medicaid serves individuals with both physical and/or intellectual disabilities. The typical member with a disability accessing long term care services is a 28 year-old male with an intellectual disability and needs supports with life skills.</li> <li>✓ Medicaid members currently have access to the Program for All-Inclusive Care for the Elderly (PACE) in three service areas, covering 16 counties across the state.</li> </ul>
<p><b>Services</b></p>	<p>Medicaid covers a comprehensive range of health care services for lowans who meet the program's eligibility criteria</p> <p>April 1, 2016, the majority of members began having their services coordinated through a managed care entity, with the exceptions of the Health Insurance Premium Payment (HIPP) program, Medically Needy, PACE enrollees, as well as American Indian, Alaskan natives or that participate in the Medicare Savings Program.</p> <ul style="list-style-type: none"> <li>• <b>Physical Health Care Services</b> include physician care, hospital services, labs, prescription drugs, home health care, rural health clinic (RHC) services, Federally Qualified Health Centers (FQHCs) services, chiropractic care, physical therapy, and dental care.</li> <li>• <b>Behavioral Care Services</b> include community mental health services, hospital services, physician care, psychiatric medical institution care, outpatient treatment and therapy, rehabilitative mental health services (known as Behavioral Health Intervention Services), as well as non-traditional services such as peer support and Assertive Community Treatment, and substance abuse treatment.</li> <li>• <b>Long-Term Care Services</b> include nursing home care, Intermediate Care Facilities for Persons with Intellectual Disabilities (ICF/ID), and home and community based services (HCBS) that allows individuals to remain in their homes.</li> </ul>

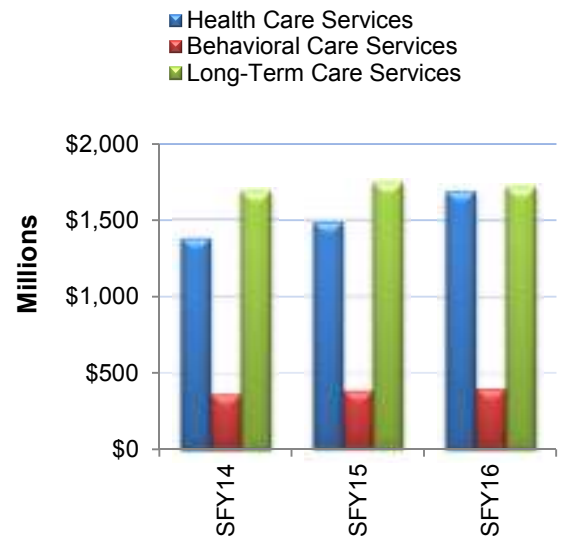
**SFY16 Medicaid Expenditures by Provider Type \$4.0 Billion\***



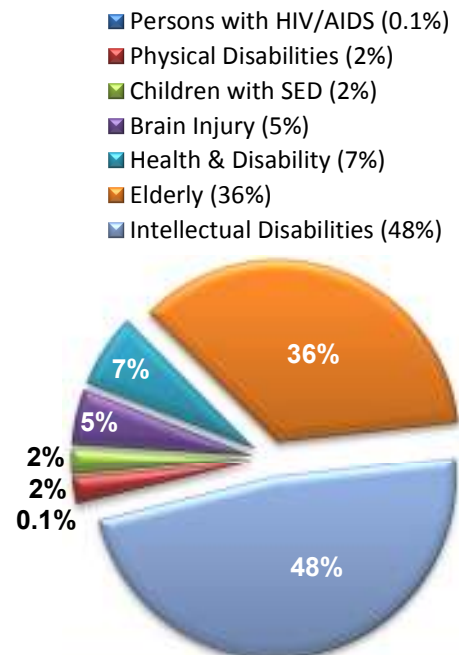
\*Note: annualized FFS data and excludes Iowa Health and Wellness Plan

- **Home and Community Based Services (HCBS)** are for people with disabilities and older Iowans who need services to allow them to stay in their home and community with services. The program names are HCBS Waivers (there are seven), Habilitation Services, Program of All-Inclusive Care for the Elderly (PACE), Home Health, Hospice, Targeted Case management (TCM), and Money Follows the person (MFP). These programs include services such as employment, residential, home health, assistance with personal care, homemaking and respite care that are intended to assist members with remaining in their homes and communities.
- Members will continue to have access to the same menu of services under managed care as they do during the first third of SFY16.
- **HCBS Services** are delivered through seven 1915(c) waivers that are targeted to specific populations including persons who:
  - Are Elderly
  - Have an Intellectual Disability
  - Have a Disability (two waivers)
    - Physical
    - Other Disabilities
  - Are Children with Serious Emotional Disturbance
  - Are Living with HIV/AIDS
  - Have a Brain Injury

### Regular Medicaid Spending by Category



### SFY16 HCBS Waiver Members



- ✓ Based on fee-for-service experience, the average cost of a member in a nursing facility is \$48,869 per year, versus \$11,641 for a person served through an HCBS waiver.
- ✓ Based on fee-for-service experience, the average cost of a member in an Intermediate Care Facility for the Intellectually Disabled is \$151,682, versus an average cost of \$43,487 for a person served through the HCBS ID waiver.
- ✓ Medicaid generates 10-20 percent of most hospitals' revenues, but is on average, about 50 percent of nursing facilities' revenue. In the area of services for people with disabilities, Medicaid is often the primary or only revenue source.

## Goals & Strategies

Under IA Health Link, DHS has enrolled the majority of the Medicaid members in MCOs. This initiative has created a single system of care to address health care needs of the whole person. This includes physical health, behavioral health, and long term care services and supports. Primary goals of the initiative include:

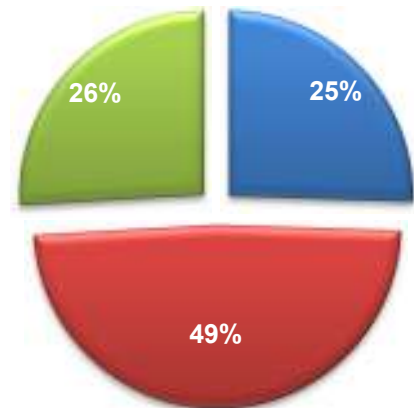
- Improved quality and access
- Greater accountability for outcomes
- Greater stability and predictability in the Medicaid budget

On December 16, 2014, the U.S. Department of Health and Human Services announced that Iowa was one of eleven State Innovation Model (SIM) grantees to test if value-oriented healthcare reforms could produce superior results when implemented in the context of a state-sponsored Plan. The grant of \$43 million was wrapped into Iowa's managed care approach via specific requirements for Value Based Purchasing (VBP) and a common quality measurement tool, called the Value Index Score (VIS) used across the delivery system and the MCOs. Because the VIS measures quality at a population health level, it ensures savings is linked to whole-system improvement supporting all members, not just managing isolated pockets of opportunity within the Medicaid population. This initiative is a multi-payor strategy that aligns Medicaid with Wellmark Blue Cross and Blue Shield (specifically) and Medicare (more generally) bringing the scale necessary to influence real delivery system reform across the state.



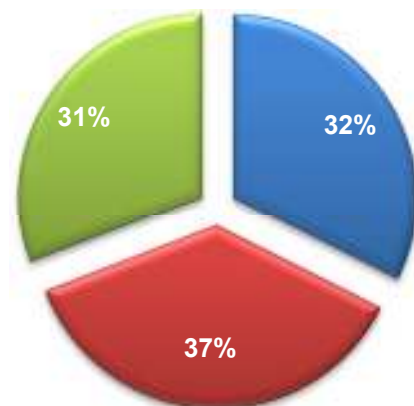
### MCO Member Choice during initial enrollment period\*

- Amerigroup (20,385)
- AmeriHealth Caritas (38,841)
- UnitedHealthcare (20,697)

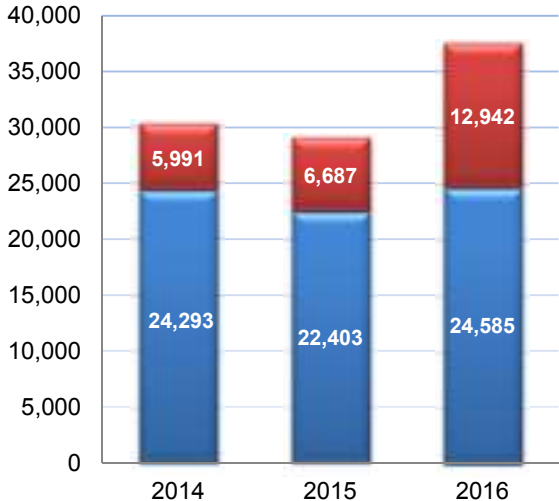
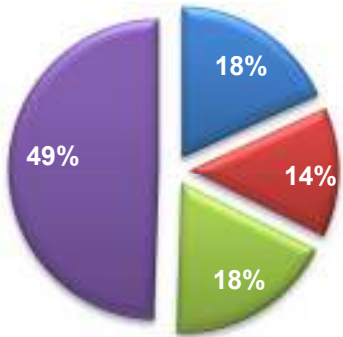


### MCO Enrollment overall enrollment during initial enrollment period\*

- Amerigroup (182,119)
- AmeriHealth Caritas (206,413)
- UnitedHealthcare (173,267)

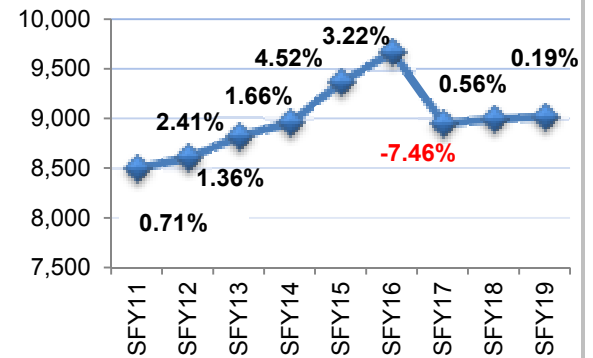


\*Data through June 16, 2016

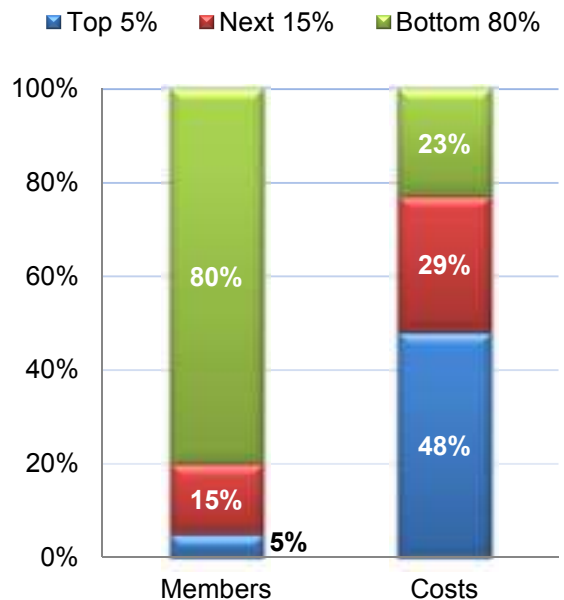
	<div><h3>Health Home and Integrated Health Home Recipient Enrollment</h3><p>■ Integrated Health Home ■ Health Home</p><table><thead><tr><th>Year</th><th>Integrated Health Home</th><th>Health Home</th></tr></thead><tbody><tr><td>2014</td><td>24,293</td><td>5,991</td></tr><tr><td>2015</td><td>22,403</td><td>6,687</td></tr><tr><td>2016</td><td>24,585</td><td>12,942</td></tr></tbody></table><ul style="list-style-type: none"><li>Integrated Health Home Care Coordination contributed to a 19 percent reduction in emergency room visits and a 17 percent reduction in inpatient admissions.</li></ul></div>	Year	Integrated Health Home	Health Home	2014	24,293	5,991	2015	22,403	6,687	2016	24,585	12,942
Year	Integrated Health Home	Health Home											
2014	24,293	5,991											
2015	22,403	6,687											
2016	24,585	12,942											
	<div><ul style="list-style-type: none"><li>✓ <i>Medicaid collected over \$278 million in revenue through cost avoidance and recovery when other insurance is present in SFY16.</i></li><li>✓ <i>Medicaid achieved savings and cost avoidance of \$43.8 million (state and federal) through the identification of overpayments, coding errors, and fraud and abuse in SFY16.</i></li><li>✓ <i>The state expects to meet the Medicaid Modernization savings amount (\$110M) projected by the Medicaid Forecast Group, passed by the legislature, and signed by the Governor.</i></li></ul></div>												
Cost of Services	<div><div><ul style="list-style-type: none"><li>• <b>Costs remain low.</b> The trend in the growth of the cost per member has been very low. Per member costs increased by 3.2 percent in SFY16. Projected per member costs are projected to decrease by 7.5 percent in SFY17, increase by 0.6 percent in SFY18, and increase by 0.2 percent in SFY19.</li><li>• <b>Costs vary widely.</b> 58 percent of regular Medicaid members are children, but they account for only 18 percent of costs. Conversely, 19 percent of members are people with disabilities, but they account for 49 percent of Medicaid expenses.</li></ul></div><div><h3>SFY16 Iowa Medicaid Expenditures</h3><p>■ Child (18%) ■ Adult (14%) ■ Elderly (18%) ■ Disabled (49%)</p><table><thead><tr><th>Category</th><th>Percentage</th></tr></thead><tbody><tr><td>Child</td><td>18%</td></tr><tr><td>Adult</td><td>14%</td></tr><tr><td>Elderly</td><td>18%</td></tr><tr><td>Disabled</td><td>49%</td></tr></tbody></table></div></div>	Category	Percentage	Child	18%	Adult	14%	Elderly	18%	Disabled	49%		
Category	Percentage												
Child	18%												
Adult	14%												
Elderly	18%												
Disabled	49%												

- The average annual cost for Medicaid services provided to a member is \$9,675 in SFY16 (all funds). Medicaid has a large number of healthy children with a low cost of \$2,952, and a small number of very costly elderly and disabled persons with an average cost of \$23,300.
- Members with chronic disease drive a significant share of Medicaid costs. Five percent of members account for 48 percent of acute care costs.
- As a result, a key initiative for Medicaid to reduce health care costs is implementation of health homes for members with chronic disease.
- Many of these high-cost members are also 'dual eligibles' (members who are eligible for both Medicare and Medicaid). More than half of dual eligibles are adults with a Serious Mental Illness. 70,000 dual eligibles cost more than \$1 billion.
- The Iowa Wellness Plan aligns a value-based payment strategy with Medicare, Wellmark and others to drive transformation in the healthcare delivery system to focus payment on results (outcomes) rather than quantity.
- Long term care costs account for more than half of Medicaid spending. Many individuals could be served in less expensive home and community based settings.
- Approximately half of Medicaid expenditures are for long term care costs, such as nursing facilities, home and community based supports, and services for persons with disabilities.

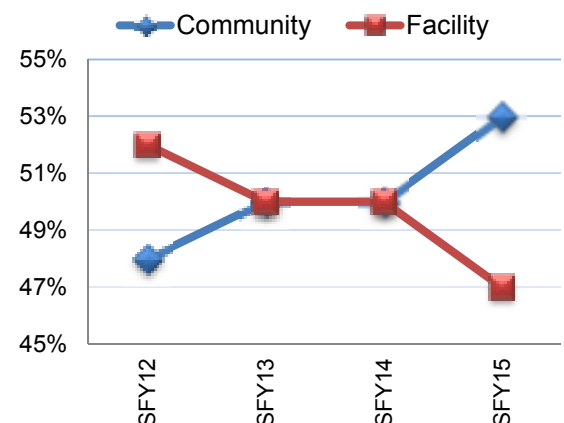
### Change in Medicaid Cost Per Member



### Chronic Care Within Medicaid



### LTC Percentage of Expenditures by Setting During BIP Period





	<p>✓ <i>The top five percent high cost/high risk Medicaid members have an average of 4.2 chronic conditions, receive care from five different physicians, and receive prescriptions from six prescribers. They account for 90 percent of all hospital readmissions within 30 days, 51 percent of all preventable hospitalizations, 75 percent of all inpatient costs, 48 percent of all acute care costs, and 21 percent of the prescription drug costs.</i></p> <p>✓ <i>Medicaid payments to hospitals total over \$600 million per year.</i></p>									
Funding Sources	<p>Medicaid is funded by state general funds, other state funds, and federal matching funds through the FMAP.</p> <p>The total budget for SFY18 is \$4.94 billion:</p> <ul style="list-style-type: none"><li>• \$1.37 billion (27.7 percent) is state general fund.</li><li>• \$2.81 billion (57.0 percent) is federal funding.</li><li>• \$756.8 million (15.3 percent) is other state funding including drug rebates and other recoveries, Health Care Trust Fund (tobacco tax), and nursing facility and hospital assessment fee revenue.</li></ul> <p>The total budget for SFY19 is \$5.09 billion:</p> <ul style="list-style-type: none"><li>• \$1.42 billion (27.8 percent) is state general fund.</li><li>• \$2.89 billion (56.8 percent) is federal funding.</li><li>• \$782.6 million (15.4 percent) is other state funding including drug rebates and other recoveries, Health Care Trust Fund (tobacco tax), and nursing facility and hospital assessment fee revenue.</li></ul>	<p><b>SFY18 Funding</b></p> <p>■ State General Fund (28%) ■ Federal (57%) ■ Other Funding (15%)</p> <table border="1"><caption>SFY18 Funding Data</caption><thead><tr><th>Funding Source</th><th>Percentage</th></tr></thead><tbody><tr><td>Federal</td><td>57%</td></tr><tr><td>State General Fund</td><td>28%</td></tr><tr><td>Other Funding</td><td>15%</td></tr></tbody></table>	Funding Source	Percentage	Federal	57%	State General Fund	28%	Other Funding	15%
Funding Source	Percentage									
Federal	57%									
State General Fund	28%									
Other Funding	15%									
SFY18 & SFY19 Budget Drivers	<p>The total SFY18 Medical Assistance budget request reflects a \$47,857,454 (3.6 percent) general fund increase from the SFY17 Enacted Appropriation.</p> <p>The total SFY19 Medical Assistance budget request reflects a \$98,662,120 (7.5 percent) general fund increase from the SFY17 Enacted Appropriation.</p> <p>The SFY18 and SFY19 requests do not include funding for nursing facility rebasing, hospital rebasing, or the home health low utilization payment adjustment (LUPA) rate update.</p>	<p><b>Medicaid Increase by Budget Driver (Compared to the SFY17 Enacted Budget)</b></p> <p>■ Revenue Replacement (7%) ■ Prior Year (36%) ■ Current Year Trends/Changes (57%)</p> <table border="1"><caption>Medicaid Increase by Budget Driver Data</caption><thead><tr><th>Budget Driver</th><th>Percentage</th></tr></thead><tbody><tr><td>Current Year Trends/Changes</td><td>57%</td></tr><tr><td>Prior Year</td><td>36%</td></tr><tr><td>Revenue Replacement</td><td>7%</td></tr></tbody></table>	Budget Driver	Percentage	Current Year Trends/Changes	57%	Prior Year	36%	Revenue Replacement	7%
Budget Driver	Percentage									
Current Year Trends/Changes	57%									
Prior Year	36%									
Revenue Replacement	7%									



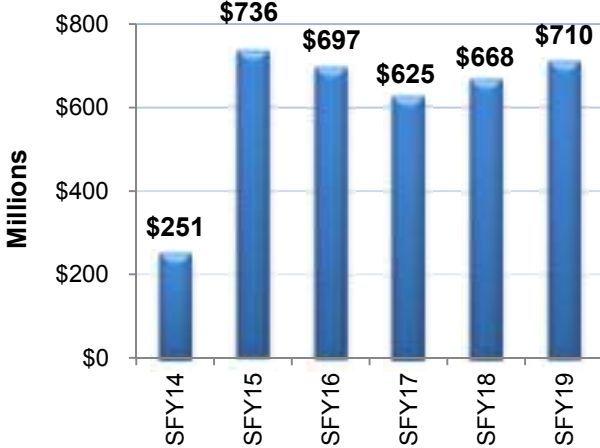
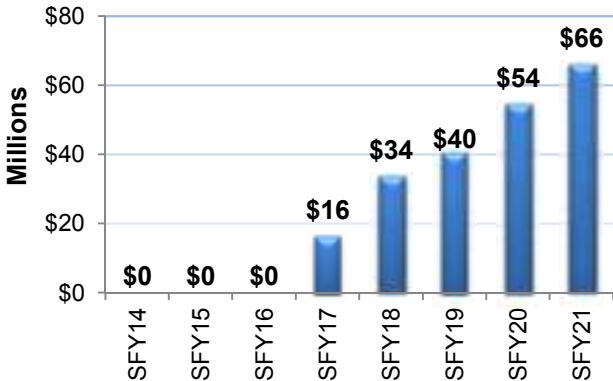
	<p>This request assumes a reauthorization of the hospital assessment fee program and that any changes will be budget neutral to the state. This program is currently scheduled to expire after SFY17, and failure to renew will have a negative financial impact on both the state and hospitals.</p>																			
	<p>The Federal Medical Assistance Percentage (FMAP) rate (federal share) has decreased with the expiration of American Recovery and Reinvestment Act of 2009 (ARRA). Iowa’s FMAP rate has also declined as Iowa’s economy improves relative to other states; although that trend reversed in FY17.</p> <ul style="list-style-type: none"><li>SFY11: 70.64 percent</li><li>SFY12: 61.19 percent</li><li>SFY13: 59.87 percent</li><li>SFY14: 58.35 percent</li><li>SFY15: 56.14 percent</li><li>SFY16: 55.07 percent</li><li>SFY17: 56.28 percent</li><li>SFY18: 57.60 percent</li><li>SFY19: 57.60 percent</li></ul>	<p><b>Iowa FMAP Rate</b></p> <table><thead><tr><th>Fiscal Year</th><th>FMAP Rate (%)</th></tr></thead><tbody><tr><td>SFY11</td><td>70.64</td></tr><tr><td>SFY12</td><td>61.19</td></tr><tr><td>SFY13</td><td>59.87</td></tr><tr><td>SFY14</td><td>58.35</td></tr><tr><td>SFY15</td><td>56.14</td></tr><tr><td>SFY16</td><td>55.07</td></tr><tr><td>SFY17</td><td>56.28</td></tr><tr><td>SFY18</td><td>57.60</td></tr></tbody></table>	Fiscal Year	FMAP Rate (%)	SFY11	70.64	SFY12	61.19	SFY13	59.87	SFY14	58.35	SFY15	56.14	SFY16	55.07	SFY17	56.28	SFY18	57.60
Fiscal Year	FMAP Rate (%)																			
SFY11	70.64																			
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SFY17	56.28																			
SFY18	57.60																			
	<p>The key drivers of the SFY18 increase are:</p> <ul style="list-style-type: none"><li>Phase-down of the Iowa Health and Wellness Plan Newly Eligible FMAP (\$17.3 million)</li><li>SFY17 unfunded need (\$17.4 million)</li><li>Replacement of funds appropriated in SFY17 that will not be available in SFY18. This includes the Health Care Trust Fund and Palo Tax (\$3.3 million).</li><li>Anticipated growth in enrollment and costs (\$59.6 million).</li><li>This is offset by an increase in the regular Medicaid FMAP rate (\$49.7 million).</li></ul>																			
	<p>✓ <i>More than \$20.6 million of projected expenditure increases are due to an anticipated unfunded need in SFY17 and state revenue losses.</i></p> <p>✓ <i>The phase-down of the Iowa Health and Wellness Plan Newly Eligible FMAP results in a revenue decrease of \$17.3 million in SFY18.</i></p>																			
Legal Basis	<p><b>Federal:</b></p> <ul style="list-style-type: none"><li>Title XIX of the Social Security Act</li><li>42 CFR 440. 42 CFR 440.210 and 42 CFR 440.220</li></ul> <p><b>State:</b></p> <ul style="list-style-type: none"><li>The Iowa Code Chapter 249A further defines the services and eligibility categories the Iowa Medicaid Program is required to cover. This offer maintains statutorily required services and populations.</li></ul>																			

# Iowa Health and Wellness Plan



Purpose	<p>The Iowa Health and Wellness Plan covers all Iowans, ages 19-64, with incomes up to and including 133 percent of the Federal Poverty Level (FPL). The plan provides a comprehensive benefit medical and dental package, along with important program innovations, that will improve health outcomes and lower costs.</p> <p>Medicaid Modernization is a major initiative in which the Iowa Department of Human Services (DHS) enrolled the majority of the Iowa Health and Wellness Plan members in managed care organizations (MCOs). DHS has contracted with MCOs to provide comprehensive health care services including physical health, behavioral health and long term supports and services. This initiative creates a single system of care to promote the delivery of efficient, coordinated and high quality health care and establishes accountability in health care coordination. IA Health Link is the name and brand for the new managed care program.</p>															
Who Is Helped	<p>The Iowa Health and Wellness Plan expands access to health care coverage for low-income, uninsured adults.</p> <p>The plan covers adults, ages 19-64 who are not otherwise eligible for comprehensive Medicaid, Medicare, or cost-effective employer sponsored insurance coverage:</p> <ul style="list-style-type: none"><li>• Persons with incomes 0-100 percent of FPL (\$11,880 for a family of one and \$16,020 for a family of two).</li><li>• Persons with incomes between 101 percent and 133 percent of FPL (\$11,880-\$15,800 for a family of one and \$16,020-\$21,307 for a family of two).</li></ul>	<div><h3>Iowa Health and Wellness Plan Estimated Average Enrollees</h3><table><thead><tr><th>SFY</th><th>Estimated Average Enrollees (Thousands)</th></tr></thead><tbody><tr><td>SFY14</td><td>88</td></tr><tr><td>SFY15</td><td>122</td></tr><tr><td>SFY16</td><td>146.385</td></tr><tr><td>SFY17</td><td>146</td></tr><tr><td>SFY18</td><td>146</td></tr><tr><td>SFY19</td><td>146</td></tr></tbody></table></div>	SFY	Estimated Average Enrollees (Thousands)	SFY14	88	SFY15	122	SFY16	146.385	SFY17	146	SFY18	146	SFY19	146
	SFY	Estimated Average Enrollees (Thousands)														
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SFY19	146															
<p>✓ <i>During SFY16, the Iowa Health and Wellness Plan served an average of 146,385 individuals that were not previously covered by a full benefit Medicaid plan.</i></p>																
Services	<p>The Iowa Health and Wellness Plan provides health care to thousands of adults who would otherwise have no access to any type of healthcare regardless of income.</p> <ul style="list-style-type: none"><li>• The Plan offers innovations and reform in the delivery of health care services through leveraging care coordination models.</li><li>• The Plan provides a comprehensive benefit package that ensures coverage for all of the Essential Health Benefits (EHB) as required by the Affordable Care Act (ACA).</li></ul>	<div><h3>Covered Benefits</h3><ul style="list-style-type: none"><li>• Ambulatory patient services (e.g. Physician Services)</li><li>• Emergency Services</li><li>• Hospitalization</li><li>• Mental health and substance use disorder services, including behavioral health treatment</li><li>• Rehabilitative and habilitative services and devices</li><li>• Laboratory services</li><li>• Preventive and wellness services</li></ul></div>														

	<ul style="list-style-type: none"><li>Comprehensive health services, equivalent to the State Employee Health Benefit Package.</li><li>Robust provider network focused on primary care to assist in the coordination of health services and assist members with completing healthy behaviors.</li></ul>	<ul style="list-style-type: none"><li>Home and community based services for persons with Chronic Mental Illness, equivalent to the Medicaid benefit</li><li>Prescription drugs equivalent to the Medicaid benefit</li><li>Preventive dental services and treatment equivalent to the Medicaid benefit</li></ul>								
	✓ <i>In SFY16, members have a unique dental coverage through the Dental Wellness Plan (DWP). DWP includes an earned benefit design to promote proactive, responsible use of the delivery system. Members who make regular visits to their dental providers gain access to ore services. Preventive dental exams count as a healthy behavior that is part of the premium waiver.</i>									
Goals & Strategies	<p>Under IA Health Link, DHS enrolled the majority of the Iowa Health and Wellness Plan members in MCOs. This initiative is designed to create a single system of care to address health care needs of the whole person. This includes physical health, behavioral health, and long term care services and supports. Primary goals of the initiative include:</p> <ul style="list-style-type: none"><li>Improved quality and access</li><li>Greater accountability for outcomes</li><li>Greater stability and predictability in the Iowa Health and Wellness Plan budget</li></ul> <p>Goals of the Iowa Health and wellness Plan are also designed to improve Iowan’s health status:</p> <ul style="list-style-type: none"><li>Collect data on social determinants of health and patien confidence, through the use of health risk assessments.</li><li>Implementing a new delivery system and payment model to promote improved care management, care coordination, and health care quality.</li><li>Implementing a unique incentive plan to encourage development of cost-conscious consumer behavior in the consumption of health care services.</li></ul>									
Cost of Services	<p>Participant financial contribution under the Iowa Health and Wellness Plan has unique and innovative features designed to encourage utilization of preventive care and overall health promotion and disease prevention through an incentive-based program.</p> <ul style="list-style-type: none"><li>No co-payments, except \$8 for using the emergency room when it is not a medical emergency.</li><li>No monthly contributions or premiums in the first year.</li><li>No contributions after the first year if the member completes preventive services and/or wellness activities.</li><li>Monthly contributions only for adults with incomes at 50 percent or greater of the FPL if preventative services/wellness activities not completed. Estimated total state and federal cost projections do not include administrative costs.</li></ul>	<p><b>Participant Individual Monthly Contributions</b></p> <table><tr><th>Federal Poverty Level</th><th>Monthly Contribution</th></tr><tr><td>0 - 49%</td><td>\$0</td></tr><tr><td>50 - 100%</td><td>\$5</td></tr><tr><td>101 - 133%</td><td>\$10</td></tr></table>	Federal Poverty Level	Monthly Contribution	0 - 49%	\$0	50 - 100%	\$5	101 - 133%	\$10
Federal Poverty Level	Monthly Contribution									
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50 - 100%	\$5									
101 - 133%	\$10									

	<ul style="list-style-type: none"><li>An IHAWP member may claim a hardship exemption indicating that payment of the monthly contribution will be a financial hardship. The member may claim a hardship exemption by telephoning the call center designated by the department or by submitting a written statement to the address designated by the department. The member's hardship exemption must be received or postmarked within five working days after the monthly contribution due date. If the hardship exemption request is not made in a timely manner, the exemption shall not be granted.</li></ul>	<div><div>Total IHWP Expenditures</div><table><thead><tr><th>Fiscal Year</th><th>Expenditures (Millions)</th></tr></thead><tbody><tr><td>SFY14</td><td>\$251</td></tr><tr><td>SFY15</td><td>\$736</td></tr><tr><td>SFY16</td><td>\$697</td></tr><tr><td>SFY17</td><td>\$625</td></tr><tr><td>SFY18</td><td>\$668</td></tr><tr><td>SFY19</td><td>\$710</td></tr></tbody></table></div>	Fiscal Year	Expenditures (Millions)	SFY14	\$251	SFY15	\$736	SFY16	\$697	SFY17	\$625	SFY18	\$668	SFY19	\$710				
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	<div><div><div>✓</div><div>Out of pocket costs can never exceed five percent of household income.</div></div><div><div>✓</div><div>The program provides incentives for members to engage in health and wellness activities through being able to have their monthly premiums waived.</div></div><div><div>✓</div><div>Enrollees who continue to complete health improvement behaviors in each 12-month period of enrollment will never be subject to the required monthly financial contribution.</div></div></div>																			
Funding Sources	<ul style="list-style-type: none"><li>The vast majority of Health and Wellness Plan costs are reimbursed at the enhanced Federal Medical Assistance percentage (FMAP) for the New Adult Group under the ACA.</li><li>A small portion of enrollees will receive regular federal match rates because they were previously eligible for other full benefit Medicaid eligibility groups.</li><li>Administrative costs have match rates of 50%, 75%, or 90% depending on the type of expenditure.</li></ul>	<div><div>Impact of Enhanced Federal Match Rate Phase Down</div><div>■ State Expenditures</div><table><thead><tr><th>Fiscal Year</th><th>State Expenditures (Millions)</th></tr></thead><tbody><tr><td>SFY14</td><td>\$0</td></tr><tr><td>SFY15</td><td>\$0</td></tr><tr><td>SFY16</td><td>\$0</td></tr><tr><td>SFY17</td><td>\$16</td></tr><tr><td>SFY18</td><td>\$34</td></tr><tr><td>SFY19</td><td>\$40</td></tr><tr><td>SFY20</td><td>\$54</td></tr><tr><td>SFY21</td><td>\$66</td></tr></tbody></table></div>	Fiscal Year	State Expenditures (Millions)	SFY14	\$0	SFY15	\$0	SFY16	\$0	SFY17	\$16	SFY18	\$34	SFY19	\$40	SFY20	\$54	SFY21	\$66
Fiscal Year	State Expenditures (Millions)																			
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Legal Basis	<div>The Iowa Health and Wellness Plan operates under an 1115 demonstration waiver.</div> <div><div>Federal:</div><div><ul style="list-style-type: none"><li>Section 1115 of the Social Security Act; Section 1902(a) (10) (B); Section 1902(a) (13) and (a) (30); Section 1902(a) (14); 1902(a) (23) (A); Section 1902(a)(4); Section 1902(a)(1); Section 1902(a) (34); Section 1902(a) (54).</li></ul></div></div> <div><div>State:</div><div><ul style="list-style-type: none"><li>Iowa Senate File 446</li></ul></div></div>																			

# Children's Health Insurance Program

Healthy and Well Kids in Iowa (*hawk-i*) and *hawk-i* Dental-Only Plan



## Purpose

The Children's Health Insurance Program (CHIP) provides health care coverage for children and families whose income is too high to qualify for Medicaid but too low to afford individual or work-provided health care. The purpose of CHIP is to increase the number of children with health and dental care coverage, thereby improving their health and dental outcomes.

Effective April 1, 2016, Medicaid Modernization is a major initiative in which the Iowa Department of Human Services (DHS) has enrolled the majority of the CHIP and Healthy and Well Kids in Iowa (*hawk-i*) members in managed care organizations (MCOs). DHS has contracted with MCOs to provide comprehensive health care services including physical health, behavioral health and long term supports and services. This initiative created a single system of care to promote the delivery of efficient, coordinated and high quality health care and establishes accountability in health care coordination.

## Who Is Helped

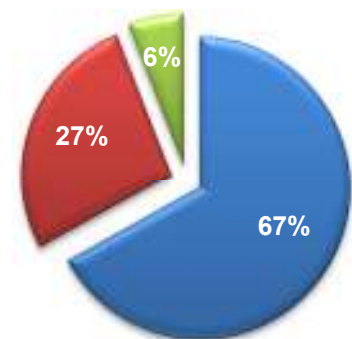
Enrollment in Iowa's CHIP program has been instrumental in providing coverage to thousands of uninsured children since 1998, and Iowa has historically been among the states with the lowest uninsured rate among children.

CHIP has three parts: a Medicaid expansion, a separate program called Healthy and Well Kids in Iowa (*hawk-i*), and a dental-only plan.

- **Medicaid expansion** provides coverage to children ages 6-18 whose family income is between 122 and 167 percent of the Federal Poverty Level (FPL), and infants whose family income is between 240 and 375 percent of the FPL.
- The *hawk-i* program provides coverage to children under age 19 in families whose family income is between 168 percent and 302 percent of the FPL based on Modified Adjusted Gross Income (MAGI) methodology.
- Total CHIP enrollment increased by 2.6 percent (1,523 enrollees) in SFY16, and is expected to increase by 2.5 percent (1,584 enrollees) in SFY17. Enrollment is projected to increase by 2.5 percent (1,620 enrollees) in SFY18 and increase by 2.5 percent (1,674) in SFY19. Projected increases are based on historical enrollment.

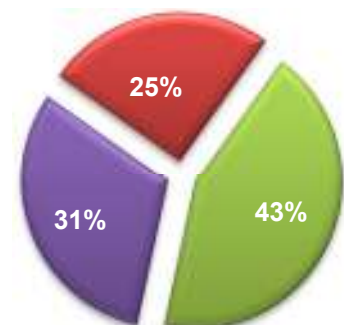
### CHIP Members SFY16

■ *hawk-i* (67%)    ■ Expansion (27%)  
■ Dental Only (6%)



### Age of CHIP Children on June 30, 2016

■ 0-1 (0%)    ■ 1 to 5 (25%)  
■ 6 to 12 (43%)    ■ 13 to 18 (31%)



		<p><b>CHIP Enrollment</b></p> <table><caption>CHIP Enrollment Data (Thousands)</caption><thead><tr><th>Year</th><th>hawk-i</th><th>Dental</th><th>Expansion</th></tr></thead><tbody><tr><td>SFY16</td><td>41,702</td><td>3,570</td><td>15,982</td></tr><tr><td>SFY17 est</td><td>42,500</td><td>3,800</td><td>16,500</td></tr><tr><td>SFY18 est</td><td>43,500</td><td>4,000</td><td>17,000</td></tr><tr><td>SFY19 est</td><td>44,000</td><td>4,000</td><td>18,000</td></tr></tbody></table>	Year	hawk-i	Dental	Expansion	SFY16	41,702	3,570	15,982	SFY17 est	42,500	3,800	16,500	SFY18 est	43,500	4,000	17,000	SFY19 est	44,000	4,000	18,000
Year	hawk-i	Dental	Expansion																			
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	<ul style="list-style-type: none"><li>✓ <i>As of June 30, 2016, 15,982 children were covered in the Medicaid expansion program; 41,702 in <b>hawk-i</b>; and 3,570 in the dental-only plan.</i></li><li>✓ <i>Enrollment in the CHIP program increased to 61,254 in SFY16, and is expected to increase to 62,982 children in SFY17 and 64,747 children in SFY18.</i></li><li>✓ <i>A comprehensive outreach campaign includes producing publications, free-and-reduced lunch mailings, statewide grassroots outreach, and by giving presentations to various groups who can assist with enrolling uninsured children in the <b>hawk-i</b> program. \$342,340 has been spent on outreach since 7/1/15.</i></li></ul>																					
Services	<p>The CHIP program is administered under Title XXI of the Social Security Act and covers a comprehensive range of health and dental services for Iowa’s children who meet the program’s eligibility criteria.</p> <p>Beginning April 1, 2016, members with CHIP program began having their services administered through a managed care entity: Amerihealth Caritas Iowa Inc., Amerigroup Iowa Inc., and United Healthcare Plan of the River Valley Inc.</p> <p>Key components of the CHIP program are:</p> <ul style="list-style-type: none"><li>• Children covered by the Medicaid expansion receive covered services through existing Medicaid provider networks. This activity receives enhanced federal funding through Title XXI, rather than Title XIX.</li><li>• <b>hawk-i</b> services include, but are not limited to, doctor visits, inpatient and outpatient hospital, well-child visits, immunizations, emergency care, prescription medicines, eye glasses and vision exams, dental care and exams, speech, occupational, and physical therapy, ambulance, and mental health and substance abuse care.</li><li>• The <b>hawk-i</b> program pays premiums to plans.</li><li>• Required dental coverage includes diagnostic and preventive services, routine and restorative services, endodontic and periodontal services, cast restorations, prosthetics and medically necessary orthodontia.</li></ul>	<ul style="list-style-type: none"><li>✓ <i>Iowa is one of only a limited number of states with CMS-approved plans which include basic dental coverage and medically necessary orthodontic coverage.</i></li><li>✓ <i>The covered services under <b>hawk-i</b> are different from regular Medicaid and are approximately equivalent to the benefit package of the state’s largest Health Management Organization (HMO) at the time the program was initiated.</i></li></ul>																				



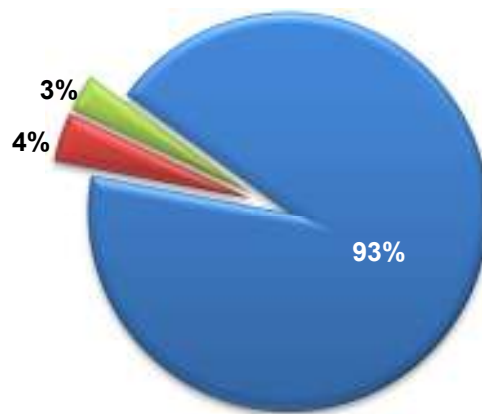
## Goals & Strategies

DHS enrolled the majority of the CHIP and *hawk-i* members in managed care organizations (MCOs). This initiative is designed to create a single system of care to address health care needs of the whole person. This includes physical health, behavioral health, and long term care services and supports. Primary goals of the initiative include:

- Improved quality and access
- Greater accountability for outcomes
- Greater stability and predictability in the CHIP and *hawk-i* budget

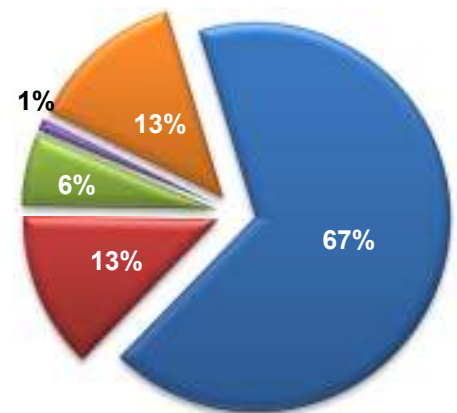
### 2016 Satisfaction Survey Is the Premium Affordable?

■ Yes (93%) ■ No (4%) ■ Not Answered (3%)



### SFY16 Satisfaction With Care

■ Very Satisfied (67%)  
■ Satisfied (13%)  
■ Neutral (6%)  
■ Unsatisfied (1%)  
■ Extremely Unsatisfied (0%)  
■ Not Answered (13%)





Cost of Services	<p>CHIP is projected to cover 62,982 children in SFY17 at a total (federal and state) program cost of \$127.3 million.</p> <ul style="list-style-type: none"><li>Families pay a monthly premium of \$10-\$20 per child with a maximum of \$40 based on family income.</li><li>The SFY17 total annual cost per member for Medicaid expansion children is \$2,092.</li><li>The SFY17 total annual cost per member for <b>hawk-i</b> children enrolled with the health plan is \$2,190. This cost represents the premiums paid to health plans.</li><li>The SFY17 average annual cost for children in dental only program is \$276.</li></ul>	<p><b>hawk-i Family Premiums in June 2016</b></p> <p>■ \$0 (29%) ■ \$5 (1%) ■ \$10 (20%) ■ \$15 (1%) ■ \$20 (36%) ■ \$40 (12%)</p> <table><thead><tr><th>Premium</th><th>Percentage</th></tr></thead><tbody><tr><td>\$0</td><td>29%</td></tr><tr><td>\$5</td><td>1%</td></tr><tr><td>\$10</td><td>20%</td></tr><tr><td>\$15</td><td>1%</td></tr><tr><td>\$20</td><td>36%</td></tr><tr><td>\$40</td><td>12%</td></tr></tbody></table>	Premium	Percentage	\$0	29%	\$5	1%	\$10	20%	\$15	1%	\$20	36%	\$40	12%
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<p>✓ <i>When all costs for administration and services are included, the average total annual cost per person in the CHIP program is projected to be \$2,178 in SFY17.</i></p> <p>✓ <i>The SFY17 total annual cost of administering the CHIP program (including the Third Party Administrator, claims processing, outreach and state staffing) is \$7.4 million.</i></p>																
Funding Sources	<p>The CHIP program is authorized and funded through Title XXI of the Social Security Act. Funding is authorized through September 30, 2017. The budget request assumes the program continues in its current form in SFY18 and SFY19.</p> <ul style="list-style-type: none"><li>The SFY17 appropriation amount is \$9,176,652.</li><li>In SFY17, the state will pay a match rate of 7.6 percent, with a 92.4 percent federal match for CHIP. In SFY18, the state will pay a match rate of 6.68 percent (estimated).</li><li>Approximately \$8.0 million in revenue from enrollee premiums, drug rebates, and other recoveries are projected to be collected in SFY17.</li></ul>	<p><b>CHIP Funding SFY17</b></p> <p>■ Federal (86%) ■ State (7.3%) ■ Other (6.7%)</p> <table><thead><tr><th>Funding Source</th><th>Percentage</th></tr></thead><tbody><tr><td>Federal</td><td>86%</td></tr><tr><td>State</td><td>7.3%</td></tr><tr><td>Other</td><td>6.7%</td></tr></tbody></table>	Funding Source	Percentage	Federal	86%	State	7.3%	Other	6.7%						
	Funding Source	Percentage														
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	<ul style="list-style-type: none"> <li>✓ <i>The federal CHIP match rate has been increasing since SFY16, and is projected to increase by 6.6 percent in SFY17. This rate change will result in an estimated \$8.4 million increase in funding.</i></li> <li>✓ <i>The enhanced CHIP match is projected to end September 30, 2019, so will be in place for both SFY18 and SFY19.</i></li> <li>✓ <i>Federal funding for CHIP is authorized to end September 30, 2017. If Congress does not extend the authorization, CHIP will no longer receive any federal funding. Iowa's CHIP program will have to make decisions about the program. For the Medicaid Expansion (ME) part of Iowa's CHIP, ME will continue but at the Medicaid FMAP instead of the enhanced CHIP FMAP. The hawk-i part of CHIP can either:</i> <ul style="list-style-type: none"> <li>○ <i>Be discontinued</i></li> <li>○ <i>Move the hawk-i members to Medicaid and receive the Medicaid FMAP</i></li> <li>○ <i>Continue but with all state funding</i></li> </ul> </li> </ul>
<b>Legal Basis</b>	<p><b>Federal:</b></p> <ul style="list-style-type: none"> <li>• Title XXI of the Federal Social Security Act. The Affordable Health Care Act (ACA), signed into law on March 23, 2010, continues CHIP programs through September 30, 2019. The ACA prohibits states from reducing their current eligibility standards until this date. Under Children's Health Insurance Reauthorization Act of 2009 (CHIPRA), funding for the program is authorized through September 30, 2017.</li> </ul> <p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Chapter 514I of the Code of Iowa; 441 IAC Chapter 86</li> </ul>

# Medical Contracts



<p><b>Purpose</b></p>	<p>The department implemented the IA Health Link managed care program for the majority of the Medicaid population on April 1, 2016. Most Medicaid members are now being served by three managed care companies, or managed care organizations (MCOs). The Iowa Medicaid Enterprise (IME) continues to operate a fee for service program for the Medicaid members not enrolled in managed care.</p> <p>Medical contracts include those contracts that enable IME staff as the federally designated single state Medicaid agency to operate the fee-for-service (FFS) program, oversee the MCOs, and operations required for the overall Medicaid program. To carry out these functions, IME has 41 full time state employees, including 14 Health Insurance premium Payment (HIP) staff. There are 9 performance based contracts with vendors which serve as the primary support to IME staff for both the MCO and FFS programs. With the implementation of managed care, other specialized vendors have been added. In addition to these contracts, IME has a host of contracts with other state agencies and entities to provide services and activities to support Medicaid, <i>hawk-i</i>, and Iowa Health and Wellness Plan members.</p>
<p><b>Who Is Helped</b></p>	<p>Vendors enable IME to operate the state Medicaid and <i>hawk-i</i> programs. Medicaid membership fluctuates, and it generally serves around 650,000 members through the various programs. About 575,000 to 600,000 members are served in managed care and from 40,000 to 70,000 are served in the FFS program. Many served in the FFS program will transition into managed care after their initial enrollment period.</p>
<p><b>Services</b></p>	<p>IME has a total of 55 contracts. The following are the primary contracts pertaining to fee for service and MCO and the remaining contracts are with a variety of agencies to provide related services.</p> <p><b>External Quality Review Organization (EQRO)</b> carries out review and quality assurance functions required by CMS. These functions are designed to assure the integrity of the managed care services.</p> <p><b>Core Services</b> processes all fee for service claims, processes managed care organization capitation rates, operates systems including the Medicaid Management Information System (MMIS) and manages the mailroom operations.</p> <p><b>Medical Services</b> provides clinical support such as performs all initial Level of Care (LCO) decisions for waiver and institutional care; approves MCO recommended LOC changes and all FFS LOC reviews, provides utilization management and quality assurance for the fee for service members and carries out quality assurance for both the FFS and the managed care programs.</p> <p><b>Member Services</b> is the State's Medicaid Managed Care enrollment broker. It provides customer services to the fee for service population and provides assistance to members seeking issue resolution with the managed care organizations.</p> <p><b>Milliman</b> establishes the managed care capitation rates and assists in the review of expenditures data.</p> <p><b>Pharmacy Medical Services</b> maintains the Preferred Drug List (PDL) that applies to all Medicaid members. In addition this vendor processes prior authorization (PA) requests and answers the Pharmacy Hotline for FFS members.</p> <p><b>Pharmacy Point of Sale (POS)</b> collects drug rebates from manufacturers. In addition this vendor responds to pharmacy provider questions and processes FFS pharmacy claims.</p> <p><b>Program Integrity (PI)</b> identifies potential fraud, waste and abuse through oversight and cost avoidance strategies. PI coordinates with the department, the MCOs, the Attorney General's Office and the Medicaid Fraud Control Unit (MFCU) in the Department of Inspections and Appeals. In addition PI will assist in validating managed care data.</p>

**Provider Cost Audit and Rate Setting** performs rate setting, cost settlement and cost audit functions and technical assistance to both providers and managed care organizations. Provider rates serve as the rate floor for managed care organizations unless otherwise negotiated.

**Provider Services** enrolls all Medicaid providers including FFS and managed care. Provider Services provides direct support to providers in the fee for service programs and coordinates with the managed care organizations to provide training to providers. In addition, Provider Services provide assistance to providers seeking issue resolution with the managed care organizations.

**Revenue Collections** carries out Third Party Liability (TPL) functions for the fee for service members and estate recovery for all members.

**3M** implements the Value Index Score (VIS) for quality measurement used by MCOs and providers. The VIS is used to inform value based purchasing of health care services which is a MCO contractual requirement.

**University of Iowa** reports HEDIS and CAHPS measures which are indications of health care outcomes for both the FFS program and the MCOs.

- ✓ *Medicaid processed over 32 million claims in SFY16. The average time from the receipt of an electronic claim form to payment was six days in SFY16.*
- ✓ *Program Integrity saved Medicaid \$43.84 million in SFY16 through the identification of overpayments, coding errors, and fraud, waste and abuse. The Recovery Audit contract accounted for approximately \$8.0 million of the \$43.84 million recovered.*
- ✓ *Historical program integrity and third party liability recoveries were irrelevant in the development of initial managed care capitation rates. MCOs are expected to be at least as efficient at recovery of inappropriate Medicaid payments as Iowa Medicaid was in FFS.*

## Goals & Strategies

By modernizing the Medicaid program, the IA Health Link initiative aims to:

- Improve quality and access
- Promote accountability for outcomes
- Create a more predictable and sustainable Medicaid budget

Results:

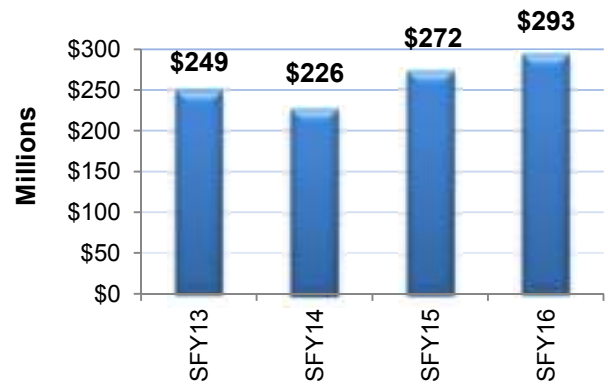
### Preferred Drug List Savings



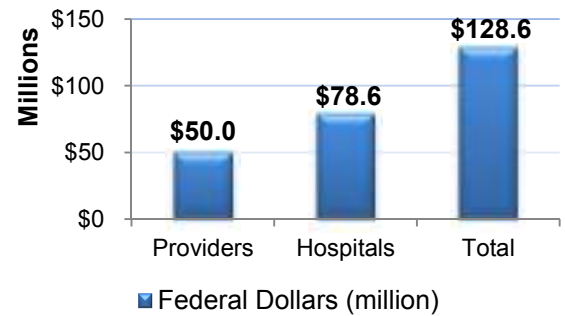
### Program Integrity Savings



### Revenue Collections



### Medicaid Electronic Health Record Payments (since January, 2011)

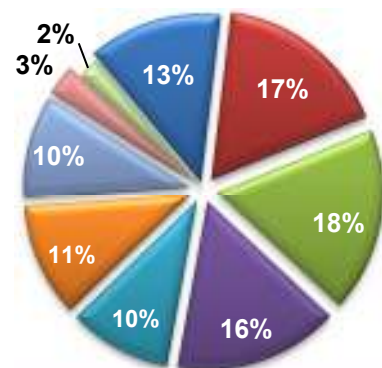


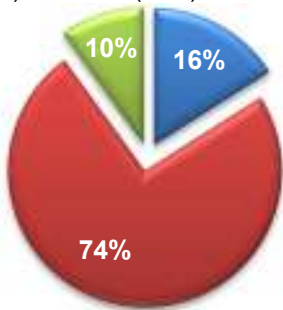
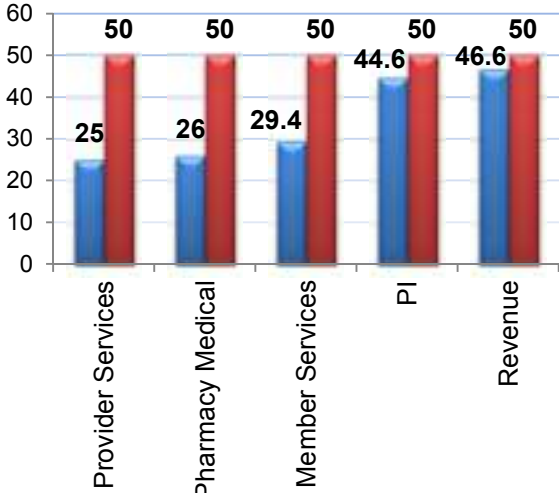
### Cost of Services

- Medicaid administrative costs go towards managing the program, processing claims, managing member usage of services, provider and member assistance, rate setting, and recovering funds from other payors or providers.

### SFY17 Projected Share of State Expenditures by IME Units

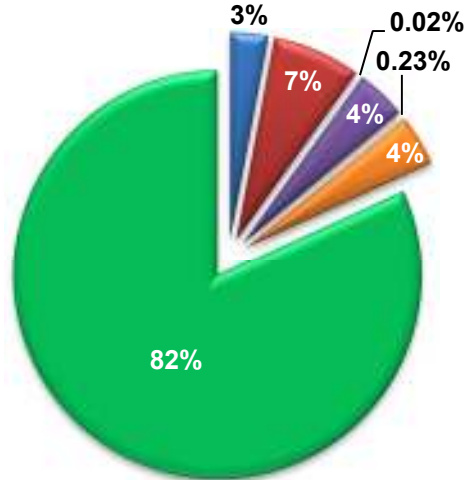
- Medical Services (13%)
- PCA (18%)
- Revenue (10%)
- Provider Services (10%)
- Pharm Medical (2%)
- CORE (17%)
- PI (16%)
- Member Services (11%)
- POS (3%)



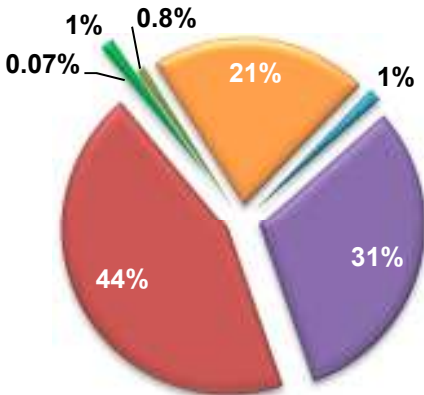
<b>Funding Sources</b>	<ul style="list-style-type: none"> <li>IME Medical Contracts are funded with state and matching federal funds.</li> <li>The state share of funding varies for each contract ranging from 10 percent (e.g. system development), 25 percent (e.g. CORE, Medical Services, and Provider Services) to 50 percent for others (e.g. Revenue Collections, PCA).</li> <li>The federal matching rate is determined by the makeup of vendor personnel and activities performed.</li> </ul>	<p style="text-align: center;"><b>Medical Contracts Funding Share SFY17</b></p> <p style="text-align: center;">■ State (16%) ■ Federal (74%) ■ Other State (10%)</p>  <p style="text-align: center;"><b>State Share Percentage Change by Contract</b></p> <p style="text-align: center;">■ 2016 ■ 2017</p>  <table border="1"> <caption>State Share Percentage Change by Contract</caption> <thead> <tr> <th>Contract</th> <th>2016 (%)</th> <th>2017 (%)</th> </tr> </thead> <tbody> <tr> <td>Provider Services</td> <td>25</td> <td>50</td> </tr> <tr> <td>Pharmacy Medical</td> <td>26</td> <td>50</td> </tr> <tr> <td>Member Services</td> <td>29.4</td> <td>50</td> </tr> <tr> <td>PI</td> <td>44.6</td> <td>50</td> </tr> <tr> <td>Revenue</td> <td>46.6</td> <td>50</td> </tr> </tbody> </table>	Contract	2016 (%)	2017 (%)	Provider Services	25	50	Pharmacy Medical	26	50	Member Services	29.4	50	PI	44.6	50	Revenue	46.6	50
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<b>SFY18 &amp; SFY19 Budget Drivers</b>	<p>This request includes \$1,268,000 to replace one-time Autism Support carry-forward funds appropriated in SFY17 that will not be available in SFY18 or SFY19.</p>																			
<b>Legal Basis</b>	<p><b>Federal:</b></p> <ul style="list-style-type: none"> <li>Title XIX of the Social Security Act. 42 CFR 434.1. Section 1902(a) (4) of the Act requires that the State plan provide for methods of administration that the Secretary finds necessary for the proper and efficient operation of the plan. 434.1(b) sets forth the requirements for contracts with certain organizations for furnishing Medicaid services or processing or paying Medicaid claims or enhancing the agency's capability for effective administration of the program.</li> </ul>																			

# State Supplementary Assistance



Purpose	State Supplementary Assistance (SSA) helps low-income elderly or disabled Iowans meet basic needs and reduces state spending for Medicaid.	
Who Is Helped	<p>SSA eligibility criteria include:</p> <ul style="list-style-type: none"> <li>• Requirements about disability or age as defined by Social Security standards.</li> <li>• Receipt or eligibility to receive Supplemental Security Income (SSI).</li> <li>• Citizenship and residency.</li> <li>• Limitations on income and assets.</li> </ul> <p>There are seven SSA groups.</p> <p>Over 82 percent of SSA recipients are in the Supplement for Medicare and Medicaid Eligible (SMME) group. While providing a \$1 monthly payment to the person, it saves the state money that would otherwise be paid by the state for the recipients' Medicare Part B premiums.</p> <p>In SFY16 an average of 17,276 cases received an SSA benefit. A case may be a single person or a couple if living together.</p> <p>Examples of the monthly income requirements:</p> <ul style="list-style-type: none"> <li>• Residential facility, monthly income of \$1,034 or less.</li> <li>• In-Home Health-Related Care, monthly income of \$1,213 or less.</li> <li>• Blind, monthly income of \$755 or less.</li> </ul>	<p><b>Recipients by Coverage Group SFY16</b></p> <ul style="list-style-type: none"> <li>■ Blind Allowance (3%)</li> <li>■ Dependent Person Allowance (7%)</li> <li>■ Family Life Home (.02%)</li> <li>■ In-Home Health-Related Care (4%)</li> <li>■ Mandatory State Supplement (.23%)</li> <li>■ RCF Assistance (4%)</li> <li>■ SMME Assistance (82%)</li> </ul>  <p>May not equal 100% due to rounding.</p>
	✓ <i>In addition to receiving SSA, most recipients also receive Medicaid.</i>	



Services	<p>State Supplementary payments provide cash payments to help meet basic needs.</p> <p>Individuals receiving In-Home Health-Related Care, Residential Care Facility, and Family Life Home services help pay for the cost of their care through an assessed client participation amount. SSA pays the difference between the actual cost of care and the client payment amount.</p> <p>Monthly benefits:</p> <ul style="list-style-type: none"><li>• Dependent Person Allowance, up to \$377.</li><li>• In-Home Health-Related Care (IHHRC), up to \$480.</li><li>• Blind Allowance, up to \$22.</li><li>• Mandatory Supplement, an average of \$168.</li><li>• Supplement for Medicare and Medicaid Eligible (SMME), \$1 per month.</li><li>• Residential Care Facility (RCF) Assistance, up to \$1,034.</li><li>• Family Life Home Payment, up to \$142.</li></ul>	<p><b>Expenditures by Coverage Groups in SFY16</b></p> <ul style="list-style-type: none"><li>■ Family Life Home (.07%)</li><li>■ SMME (1%)</li><li>■ Mandatory Supplement (0.8%)</li><li>■ RCF (21%)</li><li>■ Blind Allowance (1%)</li><li>■ IHHRC (31%)</li><li>■ Dependent Person (44%)</li></ul>  <p>May not equal 100% due to rounding.</p>
	<ul style="list-style-type: none"><li>✓ <i>Most SSA payment types must meet a minimum payment amount set by the federal government. States can pay more but not less. Iowa is at the federal minimum for all but IHHRC.</i></li><li>✓ <i>RCF and Dependent Person payment levels are affected by Social Security cost of living allowance increases. The payments must increase each January to equal the increased federal minimum payments.</i></li></ul>	
	Goals & Strategies	<p>Goal: Provide Access to Health Care Services</p> <p>Strategies:</p> <ul style="list-style-type: none"><li>• Access federal dollars for payment of Medicare Part B premiums for more Medicaid members through the SMME coverage group.</li><li>• Continue to provide assistance in the least restrictive setting for elderly and disabled recipients.</li></ul>
Cost of Services	<p>The average cost of providing SSA varies greatly between coverage groups, ranging from \$12 annually for SMME Assistance to \$5,369 for persons receiving In-Home Health-Related Care Assistance.</p>	
Funding	<p>The total budget for SFY17 is \$11,611,442.</p> <p>Funding is entirely from the state general fund.</p>	

Sources	<ul style="list-style-type: none"> <li>✓ <i>State Supplementary Assistance is used to meet the Medicaid federal Maintenance of Effort (MOE) requirement.</i></li> <li>✓ <i>Failure to fully fund the SSA program puts the state at risk of losing federal funding for the state's Medicaid program as the result of not meeting Medicaid MOE requirements.</i></li> <li>✓ <i>There was no Social Security COLA in CY2016. In July 2016, the Annual Social Security Trustee Report projected a COLA of 0.2 percent for CY2017, 2.9 percent for CY2018, and 2.6 percent for CY2019. Actual COLAs are typically announced in the late fall and may be different from the Trustee's report.</i></li> </ul>
Legal Basis	<p><b>Federal:</b></p> <ul style="list-style-type: none"> <li>• SSA benefits are an MOE requirement for the Medicaid program</li> <li>• Code of Federal Regulations: 20 CFR 416.2095 and 416.2096</li> </ul> <p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code Chapter 249</li> <li>• Iowa Administrative Code 441 IAC Chapters, 50-54 and 177</li> </ul>



## **Promote Iowan's Behavioral and Disabilities Health Status**

**Cherokee Mental Health Institute  
Independence Mental Health Institute  
Glenwood Resource Center  
Woodward Resource Center  
Conner Training  
Civil Commitment Unit for Sexual Offenders  
State Payment Program  
MHDS Regional Funding**

# Cherokee Mental Health Institute



## Purpose

Cherokee Mental Health Institute (MHI) is one of Iowa's two mental health institutes providing short term psychiatric treatment and care for individuals with severe symptoms of mental illness. Cherokee has 24 adult beds and 12 child/adolescent beds.

## Who Is Helped

Cherokee provides inpatient psychiatric services to children, adolescents and adults.

96 percent of adult patients and 98 percent of the children and adolescent patients were involuntarily admitted in SFY16.

Individuals who are involuntarily committed for psychiatric treatment have been determined by the court to be a danger to themselves or others because of their symptoms of mental illness.

In SFY16:

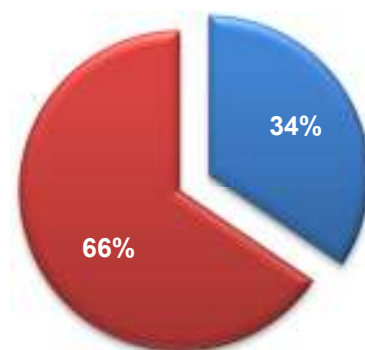
- 475 admissions
- 511 total served
  - 176 adult acute psychiatric
  - 335 children and adolescents

The average adult patient is a 39-year-old male who is involuntarily admitted. The average length of stay is 42 days.

The average child served in the inpatient program is a 14-year-old male who is involuntarily admitted. The average length of stay is 8 days.

### Number Served in SFY16

- Adults Acute Psychiatric (34%)
- Children and Adolescents (66%)



- ✓ Cherokee has a total of 36 beds or 5 percent of the 731 inpatient community psychiatric beds in the state.
- ✓ Cherokee served 69 percent of the total adult admissions to the MHIs in SFY16.
- ✓ Cherokee served 78 percent of the total child/adolescent admissions to MHIs in SFY16.

## Services

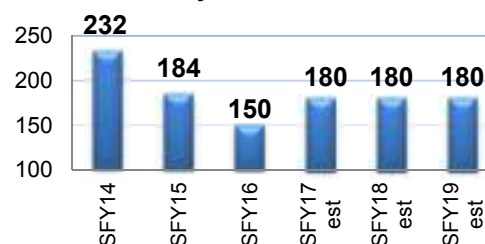
### Adult Acute Psychiatric Services

- 24 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.

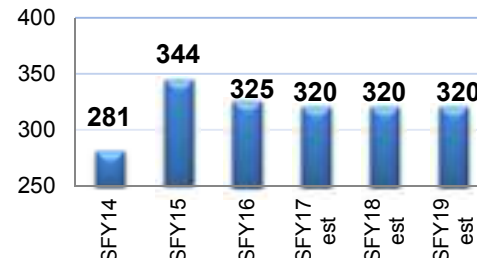
### Inpatient Psychiatric Services for Children and Adolescents

- 12 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Education for children and adolescents provided by the MHI school.

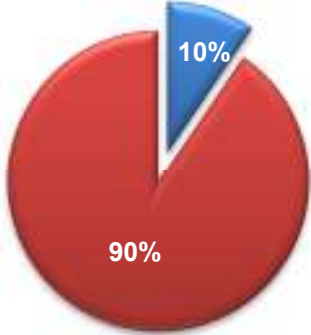
### Adult Psychiatric Admissions



### Children / Adolescent Admissions



	<ul style="list-style-type: none"> <li>✓ <i>Cherokee is accredited by The Joint Commission.</i></li> <li>✓ <i>32 percent (51 FTEs) of the staff are direct care, 24 percent (39.5 FTEs) are professional and treatment professionals, 1 percent (2 FTE) is educational, 12 percent (19.5 FTEs) are maintenance, 17 percent (27.5 FTEs) are other support staff, and 14 percent (22.5 FTEs) are administrative.</i></li> <li>✓ <i>In SFY17, 84.2 percent of the Cherokee MHI operating budget is for staffing costs and 15.8 percent is for the support costs.</i></li> <li>✓ <i>11 main buildings on 209 acres.</i></li> </ul>	
Goals & Strategies	<p>Goal: Promote Iowa's Behavioral Health Status</p> <p>Strategy:</p> <ul style="list-style-type: none"> <li>• Improve the level of functioning of individuals served.</li> <li>• Reduce the use of restraint and seclusion.</li> <li>• Provide quality discharge planning to reduce readmission rate.</li> </ul>	<p>Results in SFY16:</p> <ul style="list-style-type: none"> <li>• 100 percent of adult and child/adolescent patients showed improvement in ability to function as measured by the Global Assessment of Functioning (GAF).</li> <li>• 97 percent of adults are not readmitted within 30 days of discharge.</li> <li>• 18 minutes of restraint are used per 1,000 hours of adult inpatient hours.</li> <li>• 1 hour 34 minutes of restraint are used per 1,000 hours of child/adolescent inpatient hours.</li> </ul>
Cost of Services	<p>MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY17 per diems are based on costs experienced January 1, 2015 through December 31, 2015.</p> <p>Daily per diem rate:</p> <p style="padding-left: 40px;">Adult psychiatric, \$915</p> <p style="padding-left: 40px;">Child/adolescent psychiatric, \$701</p> <p>Cost per episode of care:</p> <p style="padding-left: 40px;">Adult psychiatric, \$39,414</p> <p style="padding-left: 40px;">Child/adolescent psychiatric, \$10,837</p>	
	<ul style="list-style-type: none"> <li>✓ <i>10 tenants operate programs on the Cherokee campus.</i></li> <li>✓ <i>The Civil Commitment Unit for Sexual Offenders pays Cherokee for support services such as meals and maintenance.</i></li> </ul>	

<b>Funding Sources</b>	<p>The Cherokee Mental Health Institute is largely funded by state general funds with a small amount of funding from other sources.</p> <p>The total budget for SFY17 is \$16,419,331:</p> <ul style="list-style-type: none"> <li>• \$14,854,041 (90.5 percent) is state general fund.</li> <li>• \$1,565,290 (9.5 percent) is from other funding sources.</li> </ul>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"> <li>■ Other Funding (10%)</li> <li>■ State General Fund (90%)</li> </ul>  <p>A 3D pie chart titled 'SFY17 Funding'. The chart is divided into two segments: a large red segment representing 90% of the funding, labeled '90%', and a smaller blue segment representing 10% of the funding, labeled '10%'. A legend above the chart identifies the blue segment as 'Other Funding (10%)' and the red segment as 'State General Fund (90%)'.</p>
<b>Legal Basis</b>	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812</li> <li>• Iowa Administrative Code, 441 IAC 28 and 29</li> </ul>	

# Independence Mental Health Institute



## Purpose

Independence Mental Health Institute (MHI) is one of Iowa's two mental health institutes providing short term psychiatric treatment and care for individuals with severe symptoms of mental illness. Independence has 40 adult beds and 20 child/adolescent beds.

## Who Is Helped

Independence provides inpatient psychiatric services to children, adolescents and adults.

93 percent of the adult and 95 percent of the children and adolescent patients were involuntarily admitted in SFY16.

Individuals who are involuntarily committed for psychiatric treatment have been determined by the court to be a danger to themselves or others because of their symptoms of mental illness.

In SFY16:

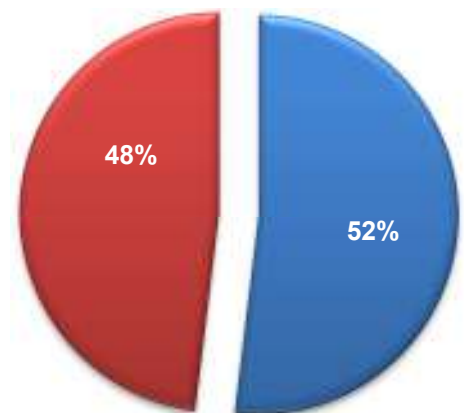
- 160 admissions
- 206 total served:
  - 107 adult psychiatric
  - 99 child and adolescent

The average adult patient is a 40-year-old female who is involuntarily admitted. The average length of stay has increased to 165 days due to some individuals who need longer-term care.

The average child/adolescent served in the inpatient program is a 14-year-old female who is involuntarily admitted. The average length of stay is 48 days.

## Number Served in SFY16

- Adult Psychiatric Program (52%)
- Child and Adolescent Program (48%)



- ✓ *Independence has a total of 60 beds or 8 percent of the 731 inpatient community psychiatric beds in the state.*
- ✓ *Independence served 31 percent of the total adult admissions to the MHIs in SFY16.*
- ✓ *Independence served 22 percent of the total child/adolescent admissions to the MHIs in SFY16.*



## Services

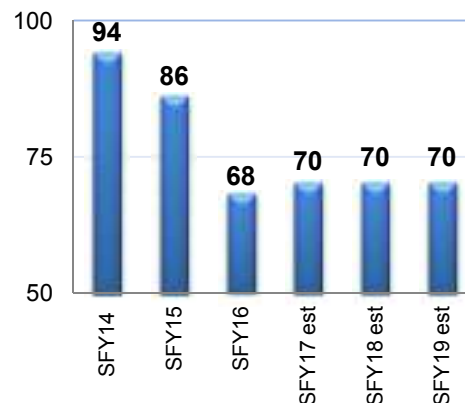
### Adult Acute Psychiatric Services

- 40 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.

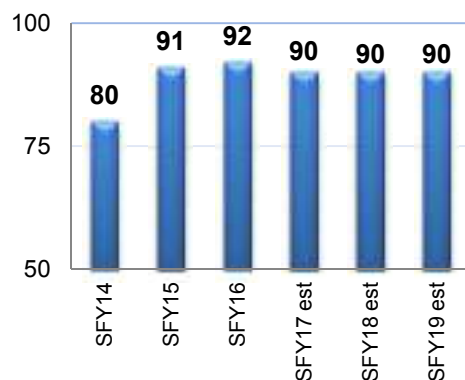
### Inpatient Psychiatric Services for Children and Adolescents

- 20 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Education for children and adolescents provided by the MHI school.


### Adult Psychiatric Admissions



### Children and Adolescent Psychiatric Admissions



- ✓ *Independence is accredited by The Joint Commission.*
- ✓ *49 percent (99 FTEs) of the staff are direct care, 13 percent (27 FTEs) are professional and treatment professionals, 4 percent (9 FTEs) are educational, 8 percent (16 FTEs) are maintenance, 14 percent (29 FTEs) are other support staff, and 12 percent (24 FTEs) are administrative.*
- ✓ *In SFY17, 84.9 percent of the Independence MHI operating budget is for staffing costs and 15.1 percent is for the support costs.*
- ✓ *4 main buildings on 276.60 acres (76.9 acres managed by Iowa Prison Industries.)*

Goals & Strategies	<p>Goal: Promote Iowa's Behavioral Health Status.</p> <p>Strategy:</p> <ul style="list-style-type: none"> <li>• Improve the level of functioning of individuals served</li> <li>• Reduce the use of restraint and seclusion</li> <li>• Provide quality discharge planning to reduce readmission rate.</li> </ul>	<p>Results SFY16</p> <ul style="list-style-type: none"> <li>• 100 percent of children, adolescent and adult patients showed improvement in ability to function as measured by the Global Assessment of Functioning (GAF).</li> <li>• 99 percent of adults were not readmitted within 30 days of discharge.</li> <li>• 2 hours 0 minutes of restraint are used per 1,000 hours of adult inpatient hours.</li> <li>• 1 hour 33 minutes of restraint are used per 1,000 hours of child /adolescent inpatient hours.</li> </ul>
Cost of Services	<p>MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY17 per diems are based on costs experienced January 1, 2015 through December 31, 2015.</p> <p>Daily per diem rate:</p> <p>Adult psychiatric, \$1,061</p> <p>Child/Adolescent psychiatric, \$1,092</p> <p>Cost per episode of care:</p> <p>Adult psychiatric, \$120,223</p> <p>Child/Adolescent psychiatric, \$43,323</p> <p>✓ <i>Four entities operate programs on the Independence campus.</i></p>	
Funding Sources	<p>The Independence Mental Health Institute is funded by state general funds and federal funds with a small amount of funding from other sources.</p> <p>The total budget for SFY17 is \$20,091,730:</p> <ul style="list-style-type: none"> <li>• \$19,442,287 (96.8 percent) is state general fund.</li> <li>• \$649,443 (3.2 percent) is from other funding sources</li> </ul>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"> <li>■ State General Fund (97%)</li> <li>■ Other Funding (3%)</li> </ul>  <p>The pie chart illustrates the funding distribution for SFY17. A large blue slice represents the State General Fund at 97%, and a small red slice represents Other Funding at 3%.</p> <p>✓ <i>The adult patient's county of residence is required to pay 80 percent of the county capped per diem, minus any third party payments such as Medicaid, Medicare, or private insurance. County receipts are deposited in the state general fund.</i></p> <p>✓ <i>Medicaid pays for services for children under the age of 21.</i></p> <p>✓ <i>Independence receives an "upfront" appropriation from the general fund.</i></p>
Legal Basis	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812</li> <li>• Iowa Administrative Code, 441 IAC 28 and 29</li> </ul>	

# Glenwood Resource Center



## Purpose

Glenwood Resource Center (GRC) is one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities and it serves to support them to live safe and successful lives in the home and community of their choice.

## Who Is Helped

Individuals who live at GRC have an intellectual or other developmental disability that require treatment and support at the level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

Today, and in the past 20 years, most individuals are admitted because of significant behavioral challenges or medical issues requiring intensive and complex active treatment.

In SFY16, three individuals were admitted and ten were discharged. At the end of SFY16, 231 individuals resided at GRC. Of these, 228 (98.7 percent) are voluntary and three were involuntarily committed by courts.

- One is a child 17 or younger.
- 196 are adults 18 to 64.
- 34 are adults 65 or older.

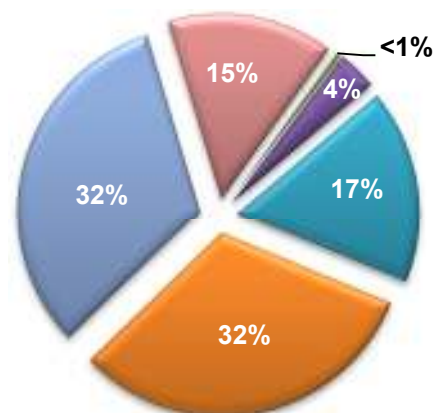
Of these individuals:

- 77 percent have a dual diagnosis of mental illness and intellectual disability.
- 79 percent have life-threatening eating and chewing disorders (dysphagia) that make it difficult to take in enough food and fluids.
- 64 percent are at high risk for sustaining injuries due to challenging behaviors.
- 59 percent have a seizure disorder.
- 34 percent are at high risk of food or liquid entering the airway and lungs, causing respiratory problems or infections, such as frequent bouts of pneumonia (i.e., aspiration).

A typical individual has an intellectual disability and an additional co-occurring condition such as eating and chewing disorders (dysphagia), ingesting inedible objects (PICA), self-injurious or assaultive behaviors and other severe health and behavioral difficulties.

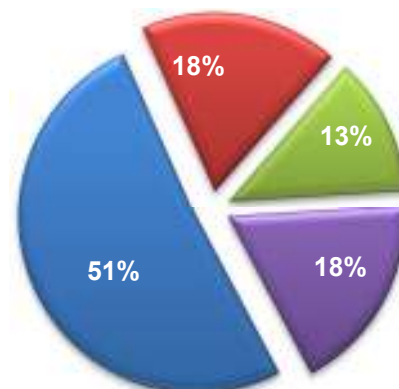
## GRC Individuals Served by Age SFY16 Year-End

- 0-5 (0%) ■ 6-12 (0%) ■ 13-17 (<1%)
- 18-21 (4%) ■ 22-34 (17%) ■ 35-54 (32%)
- 55-64 (32%) ■ 65+ (15%)

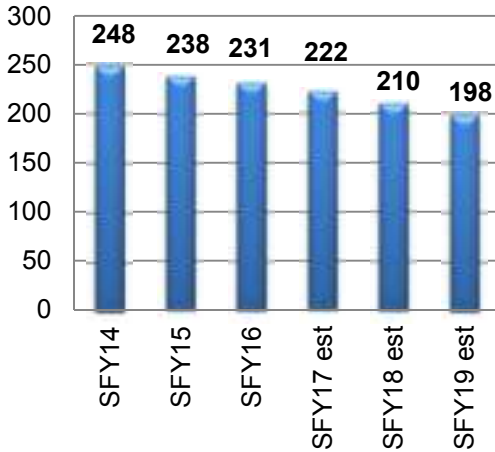


## Intellectual Functioning Level SFY16 Year-End

- Profound - IQ below 20 (51%)
- Severe - 20 to 34 (18%)
- Moderate - 35 to 49 (13%)
- Mild - 50 to 69 (18%)

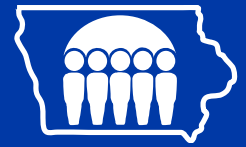


- ✓ *An individual is admitted after no community-based provider has been found that can meet the individual's service needs and if the Resource Center has the appropriate program and adequate capacity for the admission.*

Services	<p>GRC maintains federal Medicaid certification as an ICF/ID.</p> <ul style="list-style-type: none"><li>GRC provides active treatment and support services for individuals with intellectual disabilities.</li><li>GRC actively supports individuals to move into appropriate community-based living and to be contributing members of their community.</li></ul> <p>GRC Home &amp; Community-Based Services (HCBS)</p> <ul style="list-style-type: none"><li>GRC is also a Medicaid-funded Home and Community Based Services provider.</li><li>In SFY16, GRC provided daily HCBS supported community living services to 19 individuals at five locations in Glenwood.</li></ul>	<p><b>GRC ICF/ID Year-End Census</b></p>  <table><tr><th>SFY</th><th>Census</th></tr><tr><td>SFY14</td><td>248</td></tr><tr><td>SFY15</td><td>238</td></tr><tr><td>SFY16</td><td>231</td></tr><tr><td>SFY17 est</td><td>222</td></tr><tr><td>SFY18 est</td><td>210</td></tr><tr><td>SFY19 est</td><td>198</td></tr></table>	SFY	Census	SFY14	248	SFY15	238	SFY16	231	SFY17 est	222	SFY18 est	210	SFY19 est	198
	SFY	Census														
SFY14	248															
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SFY18 est	210															
SFY19 est	198															
<ul style="list-style-type: none"><li>✓ 68 percent (555 FTEs) of the staff are direct care, 11 percent (91 FTEs) are treatment professionals, 5.5 percent (37 FTEs) are maintenance, 9 percent (69 FTEs) are other support staff, and 7.0 percent (58.62 FTEs) are administrative.</li><li>✓ In SFY17, 85.1 percent of the Glenwood Resource Center operating budget is for staffing costs and 14.9 percent is for support costs.</li><li>✓ GRC has 231 operational beds and is the largest ICF/ID in the state.</li><li>✓ Twelve tenants lease space and operate programs on the GRC campus.</li><li>✓ GRC maintains 95 buildings and 231.48 acres on campus.</li></ul>																
Goals & Strategies	<p>Goal: Promote choice for people with disabilities.</p> <p>Strategy:</p> <ul style="list-style-type: none"><li>Promote access to community-based options for persons with disabilities.</li><li>Prepare and support individuals discharged from GRC to remain in the community.</li></ul>	<p>Results in SFY16:</p> <ul style="list-style-type: none"><li>GRC had a net decrease in population of seven. In the past five years, GRC has reduced its population by 18 percent.</li><li>50 percent of GRC individuals earned wages through employment.</li><li>100 percent of GRC discharged individuals remained in the community at least 180 days after discharge.</li></ul>														
Cost of Services	<p>The daily per diem rate is \$897.30.</p> <p>The total annual cost of care per person served is \$327,515.</p> <ul style="list-style-type: none"><li>✓ The State Resource Center per diem is bundled and covers the total cost of service, including physician, medication, dental, adaptive equipment and other medical costs.</li><li>✓ Private ICFs/ID do not include these costs in their per diem and community medical providers separately bill for individuals served by private ICFs/ID</li></ul>															

<b>Funding Sources</b>	<p>The Glenwood Resource Center is funded by state general funds and federal Medicaid funds with a small amount of funding from other sources.</p> <p>The total budget for SFY17 is \$75,898,397:</p> <ul style="list-style-type: none"> <li>• \$28,757,949 (37.9 percent) is state general fund, including an \$8.0 million transfer from the Medical Assistance appropriation.</li> <li>• \$39,228,682 (51.7 percent) is federal funding.</li> <li>• \$5,854,582 (7.7 percent) is other funding.</li> <li>• \$2,057,184 (2.7 percent) is client participation.</li> </ul> <p>Other funding includes rental and lease receipts, Medicare Part D, and HCBS revenues. Client participation reflects an assessed amount the individual clients pay towards the cost of care.</p>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"> <li>■ State General Fund (38%)*</li> <li>■ Federal (52%)</li> <li>■ Client Participation (3%)</li> <li>■ Other Funds (8%)</li> </ul> <p>* Includes Medical Assistance Appropriation</p>
<b>Legal Basis</b>	<p>✓ <i>Federal Medical Assistance Percent is projected to increase from 56.28 percent in SFY17 to 57.60 percent in SFY18. The resulting reduction in state funds is expected to be offset by cost increases in other areas.</i></p> <p>✓ <i>As the revenues and census continue to decline at both resource centers, each will continue to “right size” to match the needs and number of individuals served.</i></p> <p><b>Federal:</b></p> <ul style="list-style-type: none"> <li>• Code of Federal Regulations, CFR 483.400 to 483.480</li> <li>• The State Resource Center must comply with the Conner Consent Decree and the United States Department of Justice Consent Decree</li> </ul> <p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code, Chapters 222 and 135C</li> <li>• Iowa Administrative Code, 441 IAC 28 and 30 and 481 IAC 50, 52, and 64.</li> </ul>	

# Woodward Resource Center



## Purpose

Woodward Resource Center (WRC) is one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities and it serves to support them to live safe and successful lives in the home and community of their choice.

## Who Is Helped

Individuals who live at WRC have an intellectual or other developmental disability that require treatment and support services at level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

Today, and in the past 20 years, most individuals are admitted because of significant behavioral challenges or medical issues requiring intensive and complex active treatment.

In SFY16, four individuals were admitted and 14 were discharged. At the end of SFY16, 143 individuals resided at WRC. Of these, 138 (97 percent) are voluntary and five (3 percent) are involuntarily committed by courts.

- One is a child 17 or younger.
- 121 are adults 18 to 64.
- 21 are adults 65 or older.

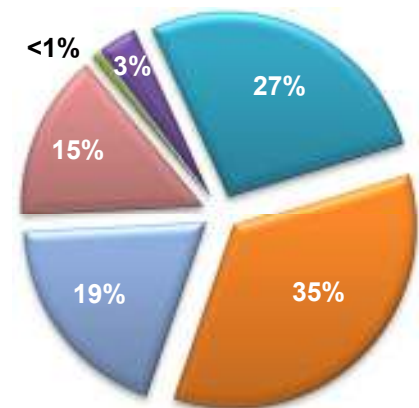
Of these individuals:

- 93 percent have a dual diagnosis of mental illness and intellectual disability.
- 65 percent have a life-threatening eating and chewing disorder (dysphagia) that makes it difficult to take in enough food and fluids.
- 50 percent are at high risk for sustaining injuries due to challenging behaviors.
- 32 percent have a seizure disorder.
- 19 percent are at high risk of food or liquid entering the airway and lungs, causing respiratory problems or infections, such as frequent bouts of pneumonia (i.e., aspiration).

A typical individual has an intellectual disability and an additional co-occurring condition such as eating and chewing disorders (dysphagia), ingesting inedible objects (PICA), self-injurious or assaultive behaviors and other severe health and behavioral difficulties, including sexual offending.

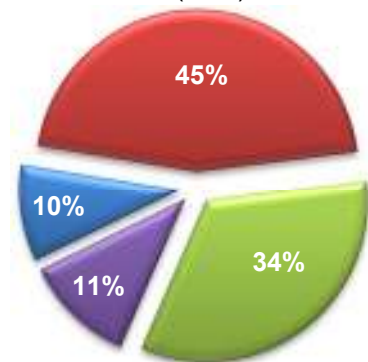
## WRC Individuals Served by Age at SFY16 Year-End

- 0-5 (0%) ■ 6-12 (0%) ■ 13-17 (<1%)
- 18-21 (3%) ■ 22-34 (27%) ■ 35-54 (35%)
- 55-64 (19%) ■ 65+ (15%)



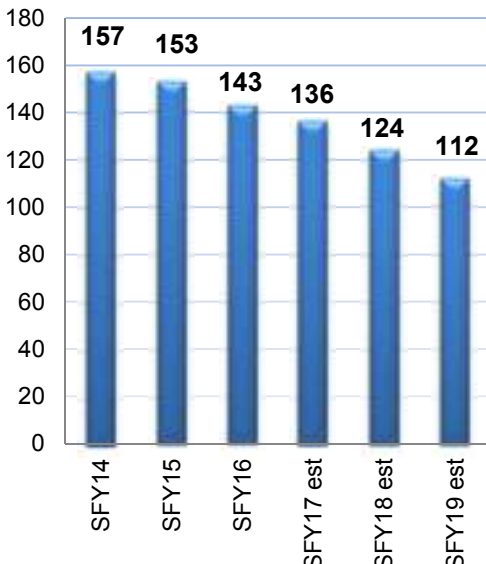
## Intellectual Functioning Level at SFY16 Year-End

- Profound - IQ below 20 (10%)
- Severe - 20 to 34 (45%)
- Moderate - 35 to 49 (34%)
- Mild - 50 to 69 (11%)



- ✓ *An individual is admitted after no community-based provider has been found that can meet the individual's service needs and if the Resource Center has the appropriate program and adequate capacity for the admission.*



Services	<p>WRC maintains federal Medicaid certification as an ICF/ID.</p> <ul style="list-style-type: none"><li>WRC provides active treatment and support services for individuals with intellectual disabilities.</li><li>WRC actively supports individuals to move into appropriate community-based living and to be contributing members of their community.</li></ul> <p>WRC Home &amp; Community-Based Services (HCBS)</p> <ul style="list-style-type: none"><li>WRC is also a Medicaid-funded Home and Community Based Services provider.</li><li>In SFY16, WRC provided daily HCBS supported community living services to 41 individuals at 12 locations throughout central Iowa.</li></ul> <p>Iowa Technical Assistance and Behavioral Supports (I-TABS)</p> <ul style="list-style-type: none"><li>Funded by the Iowa Medicaid Enterprise, WRC's I-TABS provides specialized training and programmatic technical assistance to Medicaid provider agencies and others. I-TABS builds community capacity to appropriately meet the serious behavioral needs of individuals with disabilities to avoid or reduce more restrictive facility placement.</li></ul>	<p><b>WRC ICF/ID Year-End Census</b></p>  <table><tr><th>SFY</th><th>Census</th></tr><tr><td>SFY14</td><td>157</td></tr><tr><td>SFY15</td><td>153</td></tr><tr><td>SFY16</td><td>143</td></tr><tr><td>SFY17 est</td><td>136</td></tr><tr><td>SFY18 est</td><td>124</td></tr><tr><td>SFY19 est</td><td>112</td></tr></table>	SFY	Census	SFY14	157	SFY15	153	SFY16	143	SFY17 est	136	SFY18 est	124	SFY19 est	112
	SFY	Census														
SFY14	157															
SFY15	153															
SFY16	143															
SFY17 est	136															
SFY18 est	124															
SFY19 est	112															
	<ul style="list-style-type: none"><li>✓ 64 percent (376 FTEs) of the staff are direct care, 13 percent (73.6 FTEs) are treatment professionals, 7 percent (38 FTEs) are maintenance, 8 percent (46.9 FTEs) are other support staff, and 8 percent (49.1 FTEs) are administrative.</li><li>✓ In SFY17, 85 percent of the Woodward Resource Center operating budget is for staffing costs and 15 percent is for support costs.</li><li>✓ WRC has 143 operational beds and is the second largest ICF/ID in the state.</li><li>✓ Two tenants lease space and operate programs on the WRC campus.</li><li>✓ WRC maintains 92 buildings on 1,144.4 total acreage (460.8 acres managed by WRC and 683.6 acres managed by Iowa Prison Industries as rented farmland.)</li></ul>															
Goals & Strategies	<p>Goal: Promote choice for persons with disabilities.</p> <p>Strategy:</p> <ul style="list-style-type: none"><li>Promote access to community-based options for persons with disabilities.</li><li>Prepare and support individuals discharged from WRC to remain in the community.</li></ul>	<p>Results in SFY16</p> <ul style="list-style-type: none"><li>WRC had a net decrease in population of 10. In the past five years, WRC reduced its population by 27 percent.</li><li>81 percent of WRC individuals earned wages through employment.</li><li>92 percent of WRC discharged individuals remained in the community at least 180 days after discharge.</li></ul>														



<b>Cost of Services</b>	<p>Daily per diem rate is \$995.01. Total annual cost of care per person served is \$363,177.</p> <ul style="list-style-type: none"> <li>✓ <i>The State Resource Center per diem is bundled and covers the total cost of service, including physician, medication, dental, adaptive equipment and other medical costs.</i></li> <li>✓ <i>Private ICFs/ID do not include these costs in their per diem and community medical providers separately bill for individuals served by private ICFs/ID.</i></li> </ul>
<b>Funding Sources</b>	<div data-bbox="383 464 987 1182"> <p>The Woodward Resource Center is funded by state general funds and federal Medicaid funds with a small amount of funding from other sources.</p> <p>The total budget for SFY17 is \$55,180,616:</p> <ul style="list-style-type: none"> <li>• \$20,273,298 (36.7 percent) is state general fund, including a \$6.1 million transfer from the Medical Assistance appropriation.</li> <li>• \$24,908,608 (45.1 percent) is federal funding.</li> <li>• \$8,678,969 (15.7 percent) is other funding.</li> <li>• \$1,319,741 (2.4 percent) is client participation.</li> </ul> <p>Other funding includes rental and lease receipts, Medicare part D, Iowa's Technical Assistance and Behavior Supports (I-TABS), and HCBS revenues. Client participation reflects an assessed amount the individual clients pay towards the cost of care.</p> </div> <div data-bbox="992 464 1515 1182"> <p style="text-align: center;"><b>SFY17 Funding</b></p> <p>■ State General Fund (37%)* ■ Federal (45%) ■ Client Participation (2%) ■ Other Funds (16%)</p> <p style="text-align: center;">*Includes Medical Assistance</p> </div>
<b>Legal Basis</b>	<p><b>Federal:</b></p> <ul style="list-style-type: none"> <li>• Code of Federal Regulations, CFR 483.400 to 483.480</li> <li>• The State Resource Center must comply with the Conner Consent Decree and the United States Department of Justice Consent Decree</li> </ul> <p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code, Chapters 222 and 135C</li> <li>• Iowa Administrative Code, 441 IAC 28 and 30 and 481 IAC 50, 52, and 64.</li> </ul>

# Conner Training



Purpose	This fund provides financial support to transition individuals currently residing in the two State Resource Centers to community living settings of their choice. Conner Training annual appropriation is mandated by a consent decree in 1994.							
Who Is Helped	Conner Training funds provide training and educational materials to assist people living in the State Resource Centers who wish to move to home or community settings.							
Services	<p>The Department contracts with the Center for Excellence at the University of Iowa to administer this funding.</p> <p>Transition Services: Conner funding helps to fill small funding gaps for people transitioning to home or community care or remaining in their community placements. It covers items such as rent, utilities, and other items for interim housing needs. Most transition funding comes from Medicaid or other sources.</p> <p>Education Services: Conner funds support the <a href="http://www.disabilitytraining.org">www.disabilitytraining.org</a> website, the “Let’s Talk Disability” blog, the <i>Possibilities</i> newsletter, and a Facebook page.</p>	<div><p><b>Expenditures SFY16</b></p><table><caption>Expenditures SFY16 Data</caption><thead><tr><th>Category</th><th>Amount (Thousands)</th></tr></thead><tbody><tr><td>Services</td><td>20</td></tr><tr><td>Education</td><td>13.25</td></tr></tbody></table></div>	Category	Amount (Thousands)	Services	20	Education	13.25
Category	Amount (Thousands)							
Services	20							
Education	13.25							
Goals & Strategies	<p>Goal: Promote choice for people with disabilities.</p> <p>Strategy: Provide gap funding and education.</p>	<p>Results in SFY16:</p> <ul style="list-style-type: none"><li>• 19 unduplicated individuals received funding</li><li>• 5 individuals transitioning from the resource centers were supported by Conner funds.</li><li>• 14 individuals who had resided in a resource center were supported in remaining in the community.</li></ul>						
Cost of Services	Of the \$33,632 appropriation in SFY16, \$20,350 supported the transition of 5 individuals moving to community settings and 14 individuals to remain in their community. The average cost per person was \$1,071. About \$13,250 was expended to support the Disabilitytraining.org website and other educational media.							
Funding Sources	Conner funding is entirely state general fund. The appropriation is constant from year to year at \$33,632.							
Legal Basis	<p><b>State:</b></p> <ul style="list-style-type: none"><li>• The Iowa General Assembly was mandated to annually fund the Conner Training by the consent decree of Conner v. Branstad, No. 4-86-CV-30871 (433 S.D. Iowa, July 14, 1994).</li></ul>							

# Civil Commitment Unit for Sexual Offenders



## Purpose

Civil Commitment Unit for Sexual Offenders (CCUSO) provides secure, long term, highly structured inpatient treatment for violent sexual predators who have served their prison terms but in a separate civil trial have been found likely to commit further violent sexual offenses.

## Who Is Helped

CCUSO provides secure treatment services to individuals who have been committed by the court for treatment purposes.

The department cannot deny a court-ordered admission.

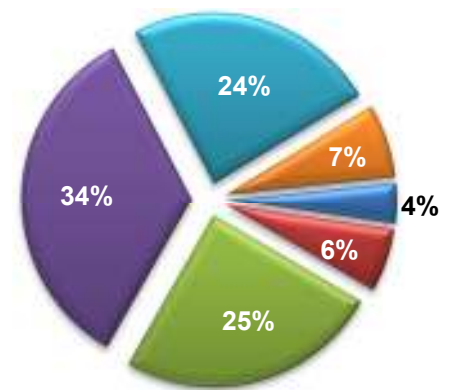
Annual court reviews of each individual's progress are required to determine if the commitment will continue.

There are 104 individuals in the program as of June 30, 2016. Ninety-one resided in the secure, committed program (including one in transition release); nine resided in the transition release program; three were in release with supervision; one was in prison. Four admissions occurred in SFY16 and 114 individuals were served.

All patients are male. Ages range from 21- to 73-years of age. The average age is 50-years. The average patient has one or more chronic medical conditions and is on several prescribed medications.

### Age of Patients Served in SFY16

■ 25 & under (4%) ■ 26-35 (6%)  
■ 36-45 (25%) ■ 46-55 (34%)  
■ 56-65 (24%) ■ >65 (7%)



- ✓ *There are 21 states with inpatient treatment programs like CCUSO. One state operates as an outpatient treatment program for committed sexually violent offenders.*
- ✓ *Courts have determined that treatment programs like CCUSO are constitutional if they provide treatment services.*
- ✓ *The constitutionality of programs like CCUSO is beginning to be challenged. Recently, judges have found programs in Minnesota and Missouri unconstitutional.*
- ✓ *Iowa CCUSO is currently in litigation regarding the constitutionality of our program. Increased appropriations and treatment enhancements in Iowa's CCUSO are designed to address shortcomings identified in these lawsuits.*

## Services

CCUSO has a five-phase treatment program that includes groups and individual therapy, educational programming, physiological assessments, and a transition program.

Treatment is based on the current best practice of Risk-Need-Responsivity Model (RNR) that is based on the principles of:

- Respect for the person
- Behavior is changeable, and
- Treatment is based on the patients' needs.

The three components of RNR are:

- Risk: Matches the level of service to the patient's risk to re-offend.
- Needs: Targeting changeable risk factors linked to the patient's offending.
- Responsivity: Matching services to the patient's learning style and needs.

Patients that are court-ordered are first placed in the secure, committed treatment program. When the patient's treatment progresses sufficiently, the court may order the patient to transition release.

In transition release, the patient continues treatment, but has more access to the community under various degrees of supervision. When the patient's treatment progresses sufficiently while in transition release, the court may order the patient to release with supervision.

Community Based Corrections provides release with supervision under contract with CCUSO. Individuals under release with supervision generally live in community correction or community-based settings, continue to receive treatment, and work in the community.

When the patient progresses sufficiently while under release with supervision, the court may decide to discharge the individual from the program.

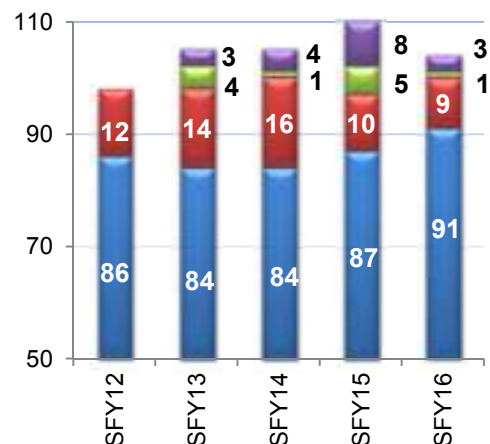
The court may also order the patient to move more quickly through this process if the court believes faster movement is justified based on the patient's annual reviews and other relevant court testimony.

Since the program began in 1999 and through June 30, 2016, 40 patients have left CCUSO:

- 28 released when court determined no longer met commitment criteria
- 12 died

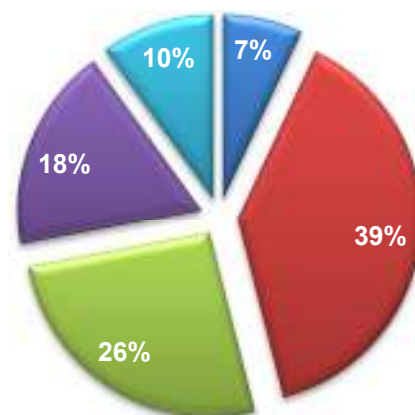
### CCUSO Census

- Release with Supervision
- Jail/Prison
- Transitional Release
- Secure Committed



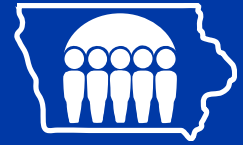
### Patient Treatment Phase SFY16

- Phase 1 (7%)
- Phase 2 (39%)
- Phase 3 (26%)
- Phase 4 (18%)
- Phase 5 (10%)



	<ul style="list-style-type: none"> <li>✓ <i>In addition to an annual evaluation completed and submitted to the court, each patient receives an individualized Master Treatment Plan that is updated annually, as well as Action Plans, which are completed every 90 days to assess treatment progress. Patients' participation and treatment engagement are also assessed after each group/individual therapy session, and through periodic risk assessments.</i></li> <li>✓ <i>Each medical appointment or stay at the University of Iowa necessitates at least two CCUSO staff to travel with the patient for safety purposes. This takes staff "off line" for that period of time. In SFY16 there were 162 such visits.</i></li> <li>✓ <i>71 percent (80 FTEs) of the staff are direct care, 22 percent (24.5 FTEs) are professional and treatment professionals, 7 percent (7.5 FTEs) are administrative/support.</i></li> <li>✓ <i>In SFY17, 83.8 percent of the CCUSO operating budget is for staffing costs and 16.2 percent is for support costs.</i></li> <li>✓ <i>A modest increase in overall in-house census is expected. Staying within this modest estimated census growth will require that the number of discharges from the program must nearly equal the number of new admissions. Given the uncertainties in accurately projecting court decisions both into and out of CCUSO, this cannot be guaranteed. If the in-house census rises more quickly than what is budgeted for, additional funding will be needed to hire more security staff for daily monitoring and supervision to keep the program safe for patients and staff and to meet the constitutional treatment requirements.</i></li> </ul>	
Goals & Strategies	<p>Goal: Effectively Manage Resources</p> <p>Strategy:</p> <ul style="list-style-type: none"> <li>• Provide effective treatment allowing patients to meet discharge criteria.</li> <li>• Avoid restraints for behavior management.</li> </ul>	<p>Results in SFY16:</p> <ul style="list-style-type: none"> <li>• As of June 30, 2016, there were 10 patients in transitional release, and three patients in release with supervision.</li> <li>• 3.68 seconds of restraint is used per 1,000 hours of inpatient hours.</li> </ul>
	✓ <i>CCUSO emphasizes work skills and employment as a key treatment modality.</i>	
Cost of Services	<p>Daily per diem rate: \$274.43</p> <p>Annual cost of care per person: \$90,243</p> <p>The daily per diem rate and the annual cost of care per person include costs for payments to Community Based Corrections for supervision and housing for individuals in release with supervision and costs associated with litigation.</p>	
	✓ <i>CCUSO co-campuses with Cherokee MHI and purchases support services from Cherokee MHI.</i>	
Funding Sources	<p>CCUSO is funded by state general funds.</p> <p>The total budget for SFY17 is \$10,639,195:</p> <ul style="list-style-type: none"> <li>• \$10,637,755 (99.99 percent) is state general fund.</li> <li>• A nominal \$1,440 is collected through room rentals.</li> </ul>	
	✓ <i>When patients in transitional release are employed, they pay housing rental.</i>	
Legal Basis	<p>State:</p> <ul style="list-style-type: none"> <li>• Iowa Code, Chapter 229A</li> <li>• Iowa Administrative Code, 441 IAC 31</li> </ul>	

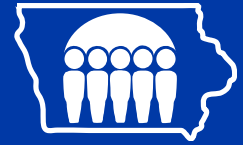
# State Payment Program



Purpose	The purpose of the State Payment Program (SPP) is to maintain and improve the self-sufficiency of adults with a mental illness, intellectual disability, brain injury, and/or a developmental disability that have not established residency.	
Who Is Helped	Individuals with a mental illness, intellectual disability, brain injury, and/or developmental disability that the MHDS region serves that are residents of Iowa, but who have not established county residence as established in Iowa Code 331.394.	
	In SFY16, the SPP served 16 individuals, all of whom had a mental illness.	
	✓ <i>With the change from legal settlement to residency, there are very few State Payment Program cases.</i>	
Services	<p>The State Payment Program provides for residential and other mental health and disability-related services as specified in an approved MHDS regional service system management plan. DHS then reimburses regions for the costs of providing non-Medicaid services to eligible adults in the State of Iowa.</p> <p>Services may be reimbursed to MHDS Regions for adults with mental illness, intellectual disability, brain injury, or a developmental disability.</p>	
Goals & Strategies	<p>Goal: Promote choice for people with disabilities.</p> <p>Strategy: Provide gap funding.</p>	<ul style="list-style-type: none"> <li>The SPP program provided access to MHDS for 16 individuals in SFY16 who otherwise would not have access to critical MHDS.</li> </ul>
Cost of Services	<p>The annual cost of service varies greatly for State Payment Program cases with the highest cost generally for those cases receiving licensed living services or institutional care.</p> <p>The average annual cost per client in SFY16 was \$13,265.</p>	
Funding Sources	The State Payment Program is funded entirely through the federal Social Services Block Grant (SSBG) in SFY17.	
Legal Basis	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>Iowa Code 331.394.</li> </ul>	



# MHDS Regional Funding



Purpose	This is used to provide needed funding to the Mental Health and Disability Services (MHDS) Regions for non-Medicaid funded MHDS.
Who Is Helped	<p>The MHDS Regions are required to ensure a set of core services are available to adult Iowans with mental illness (MI) or intellectual disability (ID) in the region. MHDS Regions may also fund services in the additional core service domains if public funds are available. The MHDS Regions are responsible for funding services to eligible adults that are not payable by the medical assistance program or other insurance coverage.</p> <p>Eligible individuals include those who have an MI or ID and who have met financial eligibility requirements as identified in Iowa Administrative Code 441 IAC 25.16.</p> <p>After the MHDS Region has ensured that core services are provided to individuals with a MI and/or ID, the MHDS Region may provide services to individuals with a brain injury (BI) or other developmental disability (DD), or children with an MI, ID, or DD.</p> <ul style="list-style-type: none"> <li>✓ <i>MHDS Regions are meeting core service requirements as well as meeting the vast majority of the access standards for those services.</i></li> <li>✓ <i>MHDS Regions have used their fund balances to add additional core services, such as crisis intervention-jail diversion. MHDS Regions have added tele-psychiatry and additional service provider satellite offices to increase access to services through the region.</i></li> </ul>
Services	<p>The MHDS Regions are required to ensure access to a set of core services for individuals that have a MI and/or ID including:</p> <ul style="list-style-type: none"> <li>• Treatment</li> <li>• Basic crisis response</li> <li>• Support for community living</li> <li>• Recovery services</li> <li>• Service coordination</li> </ul> <p>After an MHDS Region has ensured that core services are available to individuals with MI and/or ID, the region may provide additional core services including:</p> <ul style="list-style-type: none"> <li>• Comprehensive facility and community based crisis services</li> <li>• Sub-acute community and facility based services</li> <li>• Justice system involved services</li> <li>• Advanced evidenced based treatment</li> </ul>
Goals & Strategies	<p>Goals:</p> <ul style="list-style-type: none"> <li>• Support MHDS Regions in making required core services available to their eligible residents.</li> <li>• Ensure services in the additional core service domains listed in Iowa Code 331.397(6) are available to eligible residents of the MHDS Regions.</li> <li>• Further reduce or eliminate the need for state cases by providing MHDS Regions sufficient funds to cover current exceptions to residency with their available funds.</li> <li>• Potentially require expanded services to additional populations.</li> </ul>



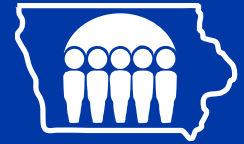
	<p>Strategy: A process be explored to provide ongoing sustainable funding to MHDS Regions based on the funding need that remains after MHDS Regions and County MHDS fund balances are depleted over time. This process should also consider changes to Iowa Code to eliminate state cases (State Payment Program: SPP).</p>
<b>Cost of Services</b>	<p>In SFY17, a total General Fund appropriation of \$3,000,000 was appropriated. \$500,000 is for the Eastern Iowa Region who must commit to continue operating as an MHDS Region in SFY17. \$2,500,000 is for Polk County who is required to complete a three-year sustainable cash flow funding plan for the delivery of services in the region.</p>
<b>Funding Sources</b>	<p>State General Funds are used for MHDS Regional Funding in SFY17.</p>
<b>Legal Basis</b>	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code 426B, 331.424A, 331.397</li> </ul>



# **Improve Safety, Well-Being, and Permanency for Iowa's Children**

**Child Abuse Prevention  
Adoption Subsidy  
Child and Family Services  
Eldora State Training School  
Comprehensive Family Support Programs**

# Child Abuse Prevention – Administrative Support Only



Purpose	The purpose of the Iowa Child Abuse Prevention Program (ICAPP) is to prevent child maltreatment.																			
Who Is Helped	Prevention services are funded through annual contracts awarded to local community-based volunteer councils. The ICAPP administrator provides support to these councils throughout the state.																			
	✓ <i>In SFY16, these local councils provided services in 72 of Iowa’s 99 counties.</i>																			
Services	The department utilizes a statewide non-profit organization to assist in administration of the ICAPP. Duties include: <ul style="list-style-type: none"><li>• Administering a competitive grant program for prevention services to be provided by local community-based prevention volunteer councils.</li><li>• Providing technical assistance to local councils and subcontracted service providers.</li><li>• Conducting general research as it relates to the prevention of child maltreatment.</li><li>• Evaluating the various local services funded by the overall program.</li></ul>																			
	<ul style="list-style-type: none"><li>✓ <i>A competitive Request for Proposal (RFP) was issued for services for SFY16-SFY18.</i></li><li>✓ <i>A total of 108 new service contracts, in 72 counties, were issued to 57 local community-based councils, beginning SFY16.</i></li><li>✓ <i>Local providers may have up to three contracts for different services, e.g., home visitation, crisis child care, and sexual abuse prevention.</i></li></ul>																			
Goals & Strategies	Goal: Services funded will be effective in reducing the risk of child maltreatment.  Strategies: <ul style="list-style-type: none"><li>• Emphasize evidence-based or promising practices in prevention.</li><li>• Measure effectiveness of ICAPP services.</li></ul>	<div><h3>Change in Average Scores on PFS Statewide SFY15*</h3><p>■ Pretest ■ Post Test</p><table border="1"><thead><tr><th>Domain</th><th>Pretest</th><th>Post Test</th></tr></thead><tbody><tr><td>Social Support</td><td>5.7</td><td>5.9</td></tr><tr><td>Nurturing/Attachment</td><td>6.1</td><td>6.3</td></tr><tr><td>Family Functioning</td><td>5.3</td><td>5.6</td></tr><tr><td>Concrete Support</td><td>5.3</td><td>5.3</td></tr><tr><td>Child Development</td><td>5.6</td><td>5.7</td></tr></tbody></table><p>*Number of responses = 3,002</p></div>	Domain	Pretest	Post Test	Social Support	5.7	5.9	Nurturing/Attachment	6.1	6.3	Family Functioning	5.3	5.6	Concrete Support	5.3	5.3	Child Development	5.6	5.7
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	Results in SFY16: In August 2015, ICAPP produced the fourth annual evaluation report, utilizing protective factors as outcome measures. <ul style="list-style-type: none"><li>• The Protective Factors Survey (PFS) is a reliable and valid 20-question pre/post evaluation tool created by the National Resource Center for Community-Based Child Abuse Prevention. It is a self-administered survey that measures key protective capacities of caregivers in five domains.</li><li>• Based on the responses, each domain is given a score from one to seven, with one being the lowest and seven the highest, to indicate the level of that particular protective capacity in the respondent. Aggregate pre- and post-scores from ICAPP participants during SFY15 are illustrated in the graph to the right. All protective capacities reported an increase following participation in prevention services.</li></ul>																			

	<ul style="list-style-type: none"> <li>✓ <i>The Iowa Family Survey relies on the Protective Factors Survey to gather pre/post test data from participants to measure family outcomes.</i></li> <li>✓ <i>The web-based survey is accessed online at <a href="http://www.iowafamilysurvey.org">www.iowafamilysurvey.org</a>.</i></li> <li>✓ <i>The full evaluation report is available online at: <a href="http://www.pcaiowa.org/grantees/icapp/quarterly-reports">www.pcaiowa.org/grantees/icapp/quarterly-reports</a></i></li> </ul>
<b>Cost of Services</b>	<p>The average cost of administrative support, currently contracted through Prevent Child Abuse Iowa, is \$193,000 annually for the life of the contract (SFY12-SFY17).</p> <p>A new competitive procurement for the administration of ICAPP will be issued for services beginning SFY18. SFY18 and SFY19 costs will depend on the Request for Proposal (RFP) and the bid proposals received.</p>
<b>Funding Sources</b>	<p>100 percent of funding comes via birth registration fees. The fee revenue has varied between \$197,000 and \$233,000 annually over the past five years.</p> <ul style="list-style-type: none"> <li>✓ <i>Any funds not used to pay the administrator's contract are added to the total amount available to the local councils for services.</i></li> <li>✓ <i>Total funding for the ICAPP (administration and services) in SFY15 was approximately \$1.4 million and came from several federal and state sources. In addition to the birth registration fee, these included federal funds from TANF, Child Abuse Prevention and Treatment (CAPTA), and Promoting Safe and Stable Families (PSSF), as well as state funds from the department's child and family services appropriation.</i></li> <li>✓ <i>Administration costs are slightly higher in SFY16 and SFY17 as the program continues to increase evaluation efforts and provide technical assistance to local projects.</i></li> </ul>
<b>Legal Basis</b>	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code, Chapters 235A.1 and 235A.2</li> <li>• Iowa Administrative Code, 441 IAC 155</li> </ul>

# Adoption and Adoption Subsidy



## Purpose

Adoption subsidy is a financial support provided to families who adopt special needs children. The funds assist families with the cost of raising a child, and costs associated with the needs of the child.

## Who Is Helped

When courts terminate the parental rights of children who have been abused or neglected, the DHS strives to find permanent adoptive families as quickly as possible.

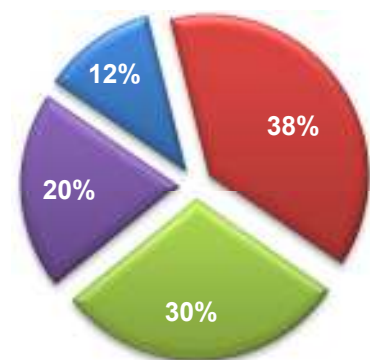
- Subsidies are paid until the child reaches age 18, or until age 21 if there is a disability.
- Subsidies are available if:
  - The child has a special need (including a diagnosed physical, mental or emotional disability), is older, is a member of a sibling group of three or more children, or is at risk of developing a diagnosed condition; and
  - The state is unable to place the child for adoption without the subsidy; and
  - The child was in the guardianship of DHS or a licensed child-placing agency prior to adoption.

The majority of children adopted through DHS are under age 6 and Caucasian.

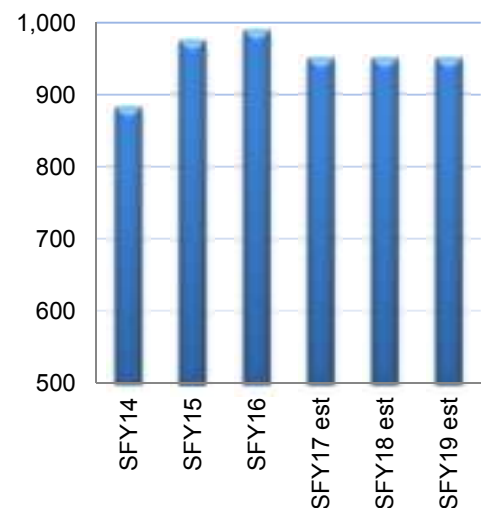
- On July 1, 2016, 10,518 children were eligible for adoption subsidy.
  - The adoptive parents of 9,464 children received an adoption subsidy payment.
  - 1,054 children have subsidy agreements in which no payments were made in that month, but may be made in the future.

### Children Eligible for Subsidy in SFY16 by Age

- 0-5 (12%)     ■ 6 to 11 (38%)
- 12 to 15 (30%)     ■ 16 to 21 (20%)



### Number of Adoptions per Year



- ✓ *The adoptive family's income cannot be considered when negotiating subsidy supports.*
- ✓ *Citizenship or qualified non-citizen status is an eligibility requirement to claim federal funds.*
- ✓ *Of all children placed for adoption through DHS, about 95 percent either receive adoption subsidy or are eligible for subsidy.*

## Services

Adoption subsidy provides a monthly payment to parents of eligible children. Families may also receive:

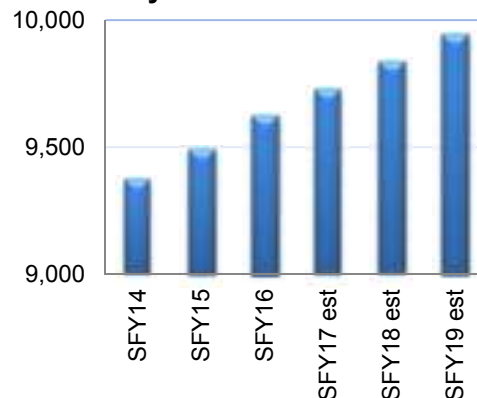
- Up to \$500 per child to pay legal fees to finalize the adoption.
- Supplies and equipment to meet a child's needs.
- Outpatient therapy for providers not paid through Medicaid.
- Additional insurance premium costs when adding a child to private insurance.
- Up to \$500 per child when adopting a sibling group of three or more.

Families who receive adoption subsidy are eligible for post-adoption support services provided through a contract.

Subsidy rates:

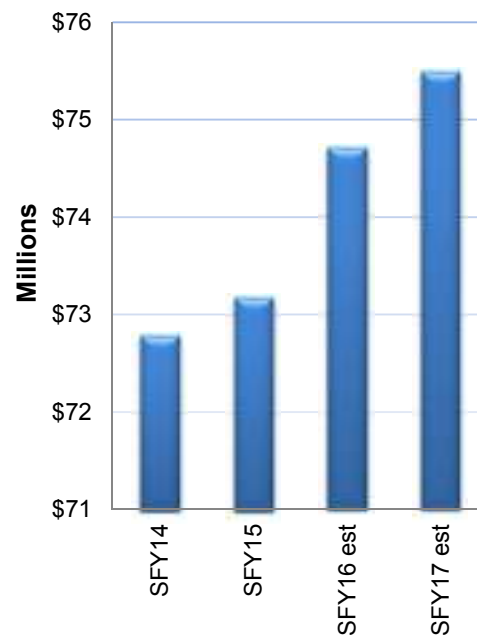
- Rates have not increased since SFY14.
- SFY16 average per diem subsidy was \$21.08.

**Monthly Average Number of Children for Whom Adoption Payments Are Made\***

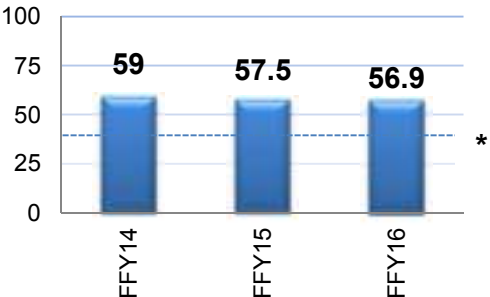
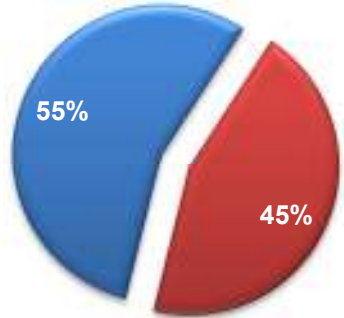


\*Numbers are rising because new cases exceed the number of cases in which subsidies end.

**Total Adoption Subsidy & Related Expenditures**



- ✓ *Children who are eligible for adoption subsidy are categorically eligible for Medicaid.*
- ✓ *Adoption subsidy rates are negotiated with families, but the rate cannot exceed the rate the child received or would have received in foster care.*
- ✓ *Adoption subsidy rates and foster care rates are designed to be nearly the same, thus eliminating a disincentive by foster parents to adopt.*

<b>Goals &amp; Strategies</b>	<p>Goal: Children in foster care will achieve permanency</p> <p>Strategies:</p> <ul style="list-style-type: none"> <li>Children will have timely adoptions. Iowa's performance on adoptions is measured not on the number of children adopted, but on timeliness. If a child cannot be safely returned to the family, the goal is to find a permanent adoptive family within 24 months of removal. <ul style="list-style-type: none"> <li>States are no longer ranked nationally on timeliness of adoptions. However, DHS finalizes over 50 percent of adoptions within 24 months of a child's removal from the home, which exceeds federal expectations for timeliness.</li> </ul> </li> </ul>	<p><b>Percentage of Timely Adoption of Children</b></p>  <p>*The goal for timely adoptions is 36.6 percent.</p>
<b>Cost of Services</b>	<p>✓ <i>In SFY16, 56.9 percent of children were adopted timely in Iowa.</i></p> <ul style="list-style-type: none"> <li>The average annual cost of providing adoption subsidy is \$7,714 per child.</li> <li>The average annual program support cost is \$51 per child.</li> </ul>	
<b>Funding Sources</b>	<p>The Adoption program is funded by state general funds and federal Title IV-E funds.</p> <p>The total budget for SFY17 is \$75,494,039:</p> <ul style="list-style-type: none"> <li>\$41,740,513 (55.3 percent) is state general funds</li> <li>\$33,753,526 (44.7 percent) is federal funding</li> </ul> <p>Adoption subsidy expenditures on behalf of children who meet IV-E eligibility criteria are eligible for federal funding.</p> <p>The federal Title IV-E share of the adoption budget is based on the FMAP rate. After decreasing for several years due at least in part to how Iowa's economy started to improve relative to other states, the federal share has started to increase as follows:</p> <ul style="list-style-type: none"> <li>SFY15 – 43.59 percent</li> <li>SFY16 – 43.14 percent (estimated)</li> <li>SFY17 – 44.37 percent (estimated)</li> </ul> <p>Federal legislation enacted in 2008, changed the way IV-E eligibility was determined.</p> <ul style="list-style-type: none"> <li>Previous to this legislation, IV-E eligibility was linked to meeting certain criteria under the Aid to Families with Dependent Children (AFDC) program.</li> </ul>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"> <li>State General Fund (55%)</li> <li>Federal (45%)</li> </ul> 



	<ul style="list-style-type: none"><li>• This link was maintained until after the Temporary Assistance for Needy families (TANF) block grant replaced the AFDC entitlement program.</li><li>• The Fostering Connections to Success and Increasing Adoptions Act of 2008 provides for de-linking IV-E eligibility from the old AFDC criteria over time. Starting in FFY10, for new adoptions of children aged 16 years and older, IV-E eligibility for purposes of adoption was delinked from AFSC criteria. De-linking is expanded each year to include additional children by dropping the age criteria two years, to be fully implemented by FFY2018.</li><li>• Increasing the number of adopted children who are IV-E eligible increases federal funding for States' adoption programs. The federal legislation de-linking IV-E eligibility also requires states to calculate the amount of adoption savings resulting from increased IV-E eligibility and to reinvest the state savings for other qualified expenditures under Title IV-B or IV-E.</li></ul>	<div><div><div>Subsidized Adoption Percent of Federal Share</div><div><div><div>45</div><div>40</div></div><div><div><div>SFY15</div><div>SFY16 est</div><div>SFY17 est</div></div><div><div><div></div><div></div><div></div></div></div></div></div></div></div>
	✓ 78 percent of children whose families receive adoption subsidy were eligible for federal Title IV-E funds in SFY16.	
Legal Basis	<div><div>Federal:</div><div><ul style="list-style-type: none"><li>• Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980</li><li>• Public Law 100-294, the Child Abuse Prevention, Adoption, and Family Services Act of 1988</li><li>• Public Law 105-89, the Adoption and Safe Families Act of 1997 (ASFA)</li><li>• Public Law 109-239, the Safe and Timely Interstate Placement of Foster Children Act of 2006</li><li>• Public law 110-351, the Fostering Connections for Success and Increasing Adoptions Act of 2008.</li><li>• Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act of 2014.</li></ul></div></div> <div><div>State:</div><div><ul style="list-style-type: none"><li>• Iowa Code, Chapter 600.17-600.21</li><li>• Iowa Administrative Code, 441 IAC 201</li></ul></div></div>	

# Child and Family Services



**Purpose** Child welfare and juvenile justice services are services and interventions for children, youth, and families, designed to improve safety, permanency, well-being, and community safety.

**Who Is Helped** **Child welfare services** are provided to children and families who are either at risk of abuse or who have experienced abuse and have been adjudicated a child in need of assistance. In addition, services are available to youth who have “aged out” of the foster care system and are employed or going to school.

The majority of children who have been abused are five years old or younger and are victims of denial of critical care.

In SFY16, 33,306 children were at risk and/or were abused. Of those 9,415 (28 percent) were the victims of abuse and received child welfare services.

Differential Response (DR) is a child welfare approach in which one of two pathways, family assessment or child abuse assessment, is assigned to accepted allegations of child abuse based on risk associated with child abuse and neglect.

- Safety and a recommendation for services occur in both types of assessments.
- Low risk families receive a family assessment. Families identified as having moderate to high risk are eligible for community care services.
- High risk families receive a child abuse assessment. Families with a founded abuse case or confirmed to be at high risk, are referred for child welfare services. Child abuse assessments may result in a finding of abuse and possible placement on the central abuse registry.

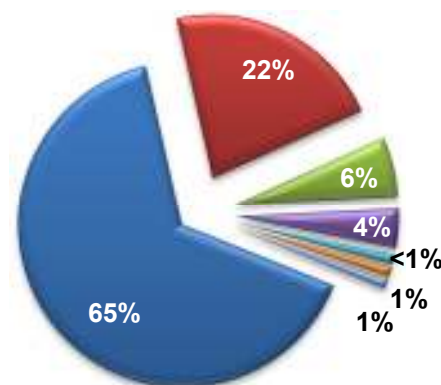
In SFY16, 19,462 (58%) of accepted allegations received a child abuse assessment and 13,844 (42%) received a family assessment.

An average of 388 youth per year age out of the foster care system. An average of 275 new youth access Aftercare services for life skills training and limited financial supports each year.

The Preventing Sex Trafficking and Strengthening Families Act, requires identification and services to victims and children at risk for sex trafficking. The Justice for Victims of Trafficking Act of 2015 requires states to categorize child sex trafficking as child abuse.

## Type of Abuse SFY16

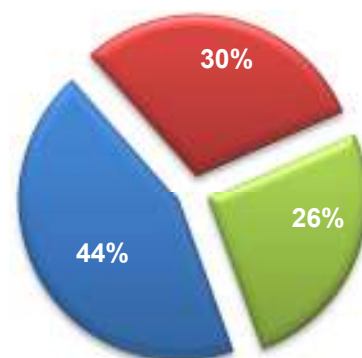
- Denial of critical care / neglect (66%)
- Physical abuse (22%)
- Sexual abuse (6%)
- Presence of illegal drugs (4%)
- Exposure to manufacturing meth (<1%)
- Allows access to registered sex offender (1%)
- Other\* (1%)



\*Includes child prostitution, sex trafficking, allowing access to obscene material, bestiality in the presence of a minor and mental injury

## Abuse by Age SFY16

- 5 or younger (44%)
- 6 to 10 (30%)
- 11 and older (26%)



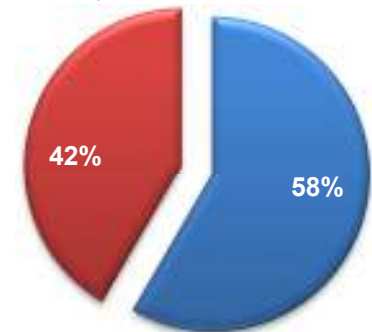
**Juvenile justice services** are provided to children and their families if they are either at risk of continued delinquent behavior, have committed a delinquent act and have been adjudicated as a delinquent, or have been certified by the chief juvenile court officer as eligible for court-ordered services.

In SFY16, Juvenile Court Services (JCS) received 14,376 referrals against juveniles. Less than 25 percent of these referrals resulted in a formal request for a delinquency petition. A vast majority were resolved through provision of services without court involvement.

In SFY16, approximately \$16.6 million was spent on foster care for children adjudicated delinquent. This represents approximately 31 percent of total child welfare expenditures for foster care.

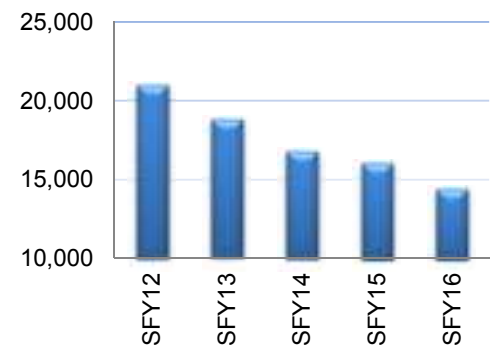
### Differential Response Assessments SFY16\*

- Child Abuse Assessment (58%)
- Family Assessment (42%)



\*Note: Based on number of assessments completed rather than number of abuse allegations referred for each type of assessment

### Referrals to Juvenile Court Services



- ✓ *Parents of children who are at risk and/or experience neglect often have mental health, substance abuse, or domestic violence challenges.*
- ✓ *Of founded abuse cases in SFY16, six percent were sexual abuse, compared to 8.3 percent nationally (Child Maltreatment data 2014).*
- ✓ *73 percent of the youth who had violations on or before the beginning of the 2015-2016 school year had no new law violations by the end of the school year.*
- ✓ *In SFY16, child prostitution and sex trafficking combined represented less than 0.05 percent of abuse types reported.*

## Services

**Child Welfare Services** protect children, and preserve and strengthen families through the least intrusive, least restrictive means possible.

Services include:

Early intervention and prevention services such as Community Care and Decategorization services strengthen families by building on the family's resources and developing supports in the community. A single statewide Community Care contractor provided services to a monthly average of 319 families in SFY16.

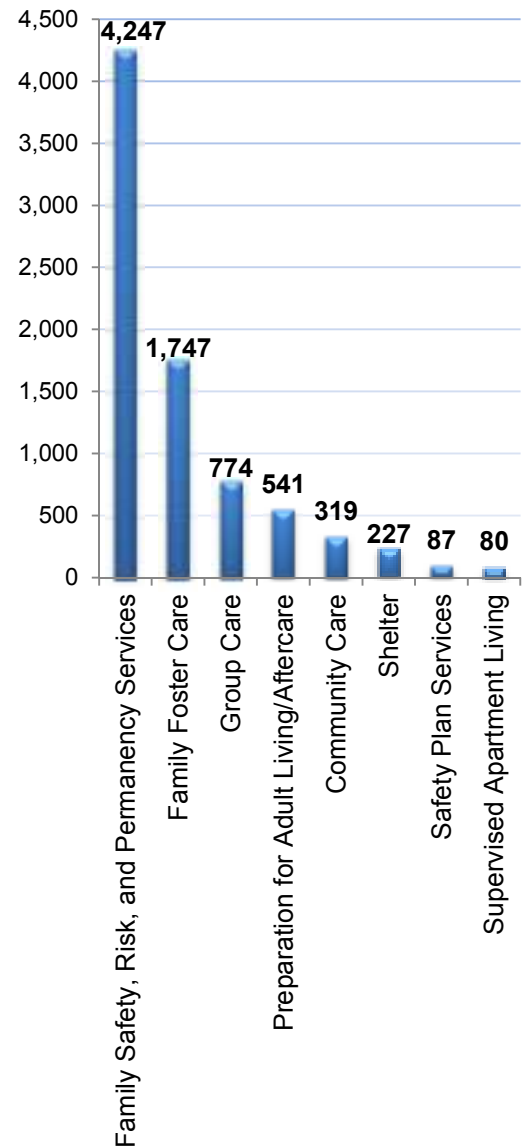
Family-centered child welfare services are designed to achieve safety, permanency and well-being for children.

- Safety Plan (SP) services maintain children safely in their own homes when possible. In SFY16, a monthly average of 87 families received SP services during a child abuse or child in need of assistance (CINA) assessment.
- Family Safety, Risk and Permanency (FSRP) services provide family-focused interventions and supports to improve parents' ability to keep their children safe. FSRP services are intended to achieve safety and permanency for children regardless of where the children reside. In SFY16, a monthly average of 4,247 families eligible for DHS services received FSRP services.
- There were eight SP/FSRP contractors in SFY16.

Out of home services provide a safe environment when a child is not able to remain in the home or able to live with an extended family member. Services are provided to address both the parents' needs and the needs of the child.

- The Parent Partners program provides peer mentoring for families in the child welfare system in order to improve engagement between families and the system, shorten lengths of stay for children in care, and maximize available community supports and services to reduce family re-entry into the child welfare system. Following program expansion in SFY14, there is now a parent partner presence statewide.
- Family foster care services are designed to provide a temporary safe environment while parents are addressing the issues that put the children at-risk.
  - There are 2,253 foster families. In SFY16, 1,818 children were served on average each month in family foster care.

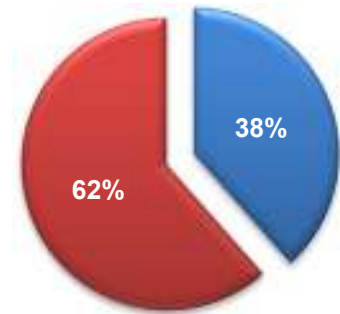
**Average Number of Clients Served Monthly by Program in SFY16**



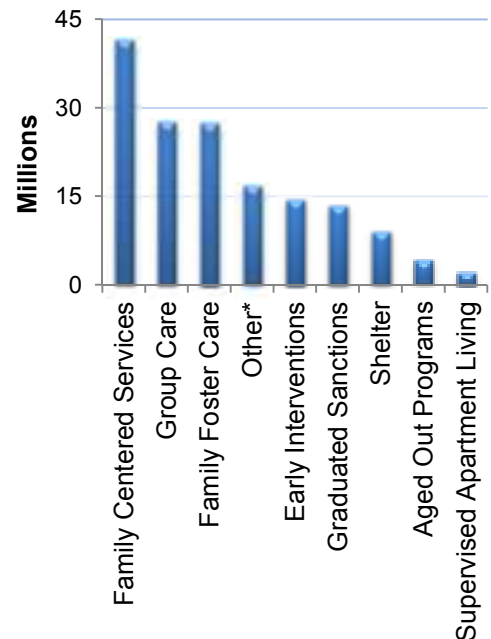
- Foster group care services are designed to treat children whose behavior is too severe to enable them to live safely in a less restrictive setting like a foster home.
  - There are 14 group care contractors with 1,207 available beds located statewide.
  - Both DHS and JCS utilize foster group care services.
  - In SFY16, DHS placed 660 children in group care, while JCS placed 931.
- Child Welfare Emergency Services (CWES) is an array of short term and temporary interventions that range from the least restrictive approaches that can be used to avoid out-of-home placement (e.g., family conflict mediations or in-home interventions) to more restrictive services including emergency juvenile shelter care.
  - There are 11 CWES contractors that offer 14 CWES juvenile shelters. These contracts provide for 256 beds although additional beds can be purchased up to the maximum number licensed (currently 357).
  - Both DHS and JCS utilize CWES.
- Transition services support youth age 18-21 who aged out of foster care. Emphasis is placed on life skills, housing, employment, education, budgeting, and relationships. Youth receive individualized services from case managers, called Self Sufficiency Advocates.
  - A network of nine child welfare providers comprise the Iowa Aftercare Services Network, providing services to 502 youth monthly.
- Since SFY15, aftercare services have also been available to youth aging out of detention and out of the State Training School (STS) for Boys. 114 newly eligible youth received services during 2015-16. Since SFY15, children placed at the STS campus can also be involved in the foster care youth council (Achieving Maximum Potential). The STS Council creates opportunities for youth leadership and support.

### Group Care Total Served in SFY16

■ DHS (38%) ■ JCS (62%)



### Child Welfare Dollars by Program SFY16



\*Other expenditures include the child abuse hotline, medical exams for children potentially abused, & training

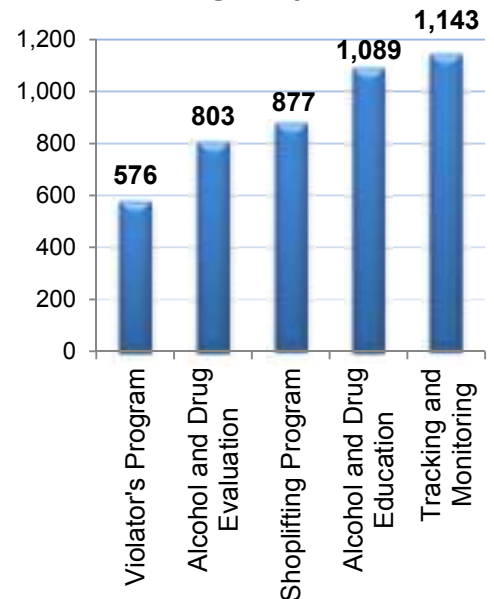
**Juvenile Justice Services** ensure public safety by addressing delinquent behaviors.

- Graduated Sanctions include four specific service programs: life skills; school-based supervision; supervised community treatment; and tracking and monitoring.
  - There are 115 graduated sanctions contracts with community providers to provide the services listed above.
  - Juvenile Court/School Liaisons are located in 200 Iowa schools within 80 school districts.
  - Tracking and monitoring services are provided by 13 social service agencies.
    - 1,143 tracking and monitoring cases closed in SFY16.
- Out of home services include foster care, detention, and the State Training School in Eldora.
  - Youth needing out of home care utilize the foster care services described in child welfare services above.
  - Ten Iowa detention centers provide services to an average 115 youth per day. These centers provide temporary care in a restrictive manner designed to ensure continued custody of the child until final disposition of the child's case.
  - The State Training School houses an average of 114 delinquent boys daily.

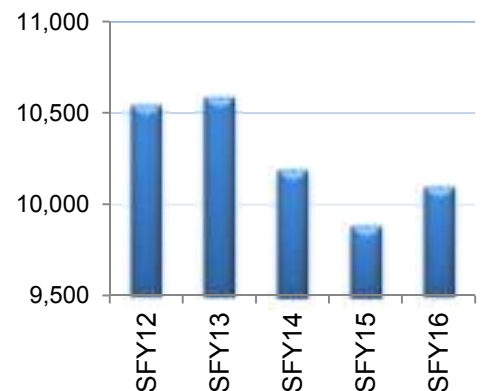
**Medicaid Behavioral Intervention Services (BHIS)** are available, in addition to child welfare and juvenile justice services, for eligible children to improve social and behavioral functioning.

- BHIS are provided by a network of 76 providers many of whom also provide other child welfare and juvenile justice services.

**Top Five Juvenile Justice Services Completed in SFY16**



**Total Children Served in Out of Home Services**



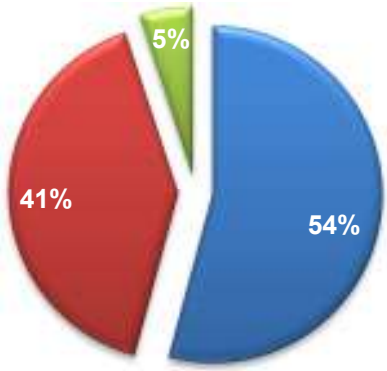
- ✓ In SFY16, 5,198 parents/adults received services targeted to children at-risk of abuse.
- ✓ In SFY16, 68 percent of child victims remained in their home while receiving FSRP services to ensure safety.
- ✓ Approximately 29 percent of children who are removed from their home are in the care of an extended family member.
- ✓ In SFY15, 93 percent of youth participating in aftercare reported having a safe and stable place to live. 94 percent reported having one or more supportive relationships.



	<ul style="list-style-type: none"> <li>✓ <i>A state law change in calendar year 2015 (SF 412) allows juvenile court services to continue past age 18, if a youth has not finished treatment by the time they reach that age and are no longer subject to the jurisdiction of the juvenile court.</i></li> <li>✓ <i>The number of group care beds is capped and the DHS Service Area Managers and the Chief Juvenile Court Officers jointly manage group care resources.</i></li> </ul>																										
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<p><b>Cost of Services</b></p>	<p>As described in earlier sections, Child and Family Services includes a broad range of services and interventions for children, youth and families at risk. The average cost of services and interventions also varies. Children, youth and families may receive multiple services and interventions over the course of a year. The following information provides actual costs for SFY15.</p> <p>The average annual cost per family for Community Care service is \$610.</p> <p>The average cost per child for Family Safety, Risk and Permanency service is \$4,677. This cost is per average 10-month episode of service.</p> <p>The average annual cost per child for Family Foster Care service is \$14,056.</p> <p>The average annual cost per child for Foster Group Care service is \$38,602.</p> <p>The average cost per child for an average 15-day CWES/Shelter stay is \$2,089.</p> <p>The average annual cost per youth for Preparation for Adult Living (PAL) is \$12,385.</p> <p>The average annual cost per youth for Supervised Apartment Living (SAL) is \$29,206.</p> <p>The average cost per child/youth for graduated sanctions, adolescent tracking and monitoring service is \$816. This cost is per average three-month episode of service.</p> <p>The average cost per child/youth for graduated sanctions, supervised community treatment service is \$1,159. This cost is per average three-month episode of service.</p>
	<p>DHS intends to facilitate the evolution of a child welfare system of care (SOC) that builds on the principles of:</p> <ul style="list-style-type: none"> <li>• Mutual respect and partnership building with Iowa's families and private service providers and stakeholders;</li> <li>• Promoting family unity by providing supports to families in their homes or to children in family-like, non-congregate settings, whenever possible;</li> <li>• Preserving and encouraging permanency connections with siblings and with caring and supportive adults;</li> <li>• Reuniting children with their families as soon as safely possible;</li> <li>• Tailoring services to families and children to meet their unique needs; focusing on a stable workforce by supporting ongoing development, mentoring, and training; and,</li> <li>• Focusing on a stable workforce by supporting ongoing development, mentoring, and training; and,</li> <li>• Decision-making that is outcome based, resource-driven, and continuously evaluated for improvement.</li> </ul> <p>Important child welfare services will be competitively re-procured to begin new contracts effective July 1, 2017. Services included are:</p> <ul style="list-style-type: none"> <li>• Foster Group Care Services (FGCS)</li> <li>• Child Welfare Emergency Services (CWES)</li> <li>• Supervised Apartment Living (SAL)</li> <li>• Foster and adoptive family licensing and approval</li> <li>• Training and support</li> </ul> <p>The Department will use this opportunity to build this system by phasing in approaches that focus on: keeping families together; keeping children close to home and community when they are served outside the home; maintaining family and community connections through face-to-face and other visitation options; paying attention to the educational needs of foster care youth; bringing uniformity to identify service needs and progress assessments that assure proper services at the proper time in the proper setting; and identifying promising evidence-based and other practices that will improve outcomes.</p>

	<p>To achieve this, the child and family services appropriation will need to support the following:</p> <ul style="list-style-type: none"> <li>• Transportation assistance for youth placed outside the home to maintain connections to family and community;</li> <li>• Identification and use of assessment tools that will be used across the system to bring uniformity in the approach and identification of the level of needed service;</li> <li>• Increased family conferencing at the beginning, during, and at the time of discharge from placement;</li> <li>• Adoption of evidence-based treatment methodologies;</li> <li>• Training that is timely and based on the needs of children in care in order to enhance the skills and strengths of caregivers;</li> <li>• Increased face-to-face support for foster and adoptive families that is intentional and individualized to enhance stability;</li> <li>• Expanding support services to relative and kin caregivers;</li> <li>• Transition costs for moving from one statewide contractor to five service area contractors who provide recruitment, retention, training and support services for foster and adoptive families. Transition costs would include: <ul style="list-style-type: none"> <li>○ Training staff to deliver pre-service training;</li> <li>○ Developing and delivering in-service training;</li> <li>○ Hiring staff and supervisors to provide enhanced support services and expand support service to relatives.</li> </ul> </li> </ul>								
<b>Funding Sources</b>	<div data-bbox="386 825 995 1434"> <p>The total state general fund appropriation for SFY17 is about \$84.5 million. Here is a breakdown of funding for child welfare:</p> <ul style="list-style-type: none"> <li>• SFY17 total budget is \$155,260,439 <ul style="list-style-type: none"> <li>○ \$62,869,195 is federal <ul style="list-style-type: none"> <li>▪ TANF: \$37,256,580</li> <li>▪ SSBG: \$ 7,696,317</li> <li>▪ Other: \$17,916,298 <ul style="list-style-type: none"> <li>• Has IV-E and IV-B parts 1 &amp; 2</li> </ul> </li> </ul> </li> <li>○ \$84,482,419 is State General Fund</li> <li>○ \$ 3,734,069 is other State General Fund</li> <li>○ \$ 4,174,746 is other Recoveries</li> </ul> </li> </ul> </div> <div data-bbox="1003 825 1508 1434"> <p style="text-align: center;"><b>SFY17 Funding</b></p> <ul style="list-style-type: none"> <li>■ State General Fund (54%)</li> <li>■ Federal (41%)</li> <li>■ Other Funding (5%)</li> </ul>  <table border="1"> <caption>SFY17 Funding Breakdown</caption> <thead> <tr> <th>Funding Source</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>State General Fund</td> <td>54%</td> </tr> <tr> <td>Federal</td> <td>41%</td> </tr> <tr> <td>Other Funding</td> <td>5%</td> </tr> </tbody> </table> </div> <div data-bbox="386 1444 1508 1581"> <p>✓ <i>States are subject to financial penalties ranging from 1 percent to 5 percent of federal IV-B and IV-E funding if they fail to meet federal expectations, including annual targets for monthly visits with children in foster care. Iowa is currently in the 1st quarter of a Program Improvement Plan.</i></p> </div>	Funding Source	Percentage	State General Fund	54%	Federal	41%	Other Funding	5%
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<b>SFY18 &amp; SFY19 Budget Drivers</b>	<p>This request includes \$5,478,098 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY18 or SFY19.</p>								

## Legal Basis

### **Federal:**

- Title IV-B and IV-E of the Social Security Act, and under the Child Abuse Prevention and Treatment Act (CAPTA)
- The Federal government sets specific requirements and performance expectations, which are measured through the Child and Family Services Review (CFSR). Under the CFSR, states are expected to meet national standards on seven outcomes related to child safety, permanency, and well-being. (45 CFR 1355.32-37)
- Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act of 2014

### **State:**

- Iowa Code, Chapters 233, 232B, 233, 234, 235, 235A, 237, 237B, and 238

# Eldora State Training School



## Purpose

The State Training School at Eldora provides treatment and educational services within a highly structured setting to assist youth who are adjudicated delinquent. Eldora has 130 beds.

## Who Is Helped

The State Training School at Eldora provides treatment and educational services to delinquent boys between the ages of 12-18.

In SFY16, 290 youth were served:

- There were 131 admissions and 140 discharges.
- The average daily census was 114.
- Thirty-nine court-ordered 30-day diagnostic evaluations were completed.

The average child has had eight prior placements, is 16.74 years of age, and has special education needs. The average stay is almost 10.5 months.

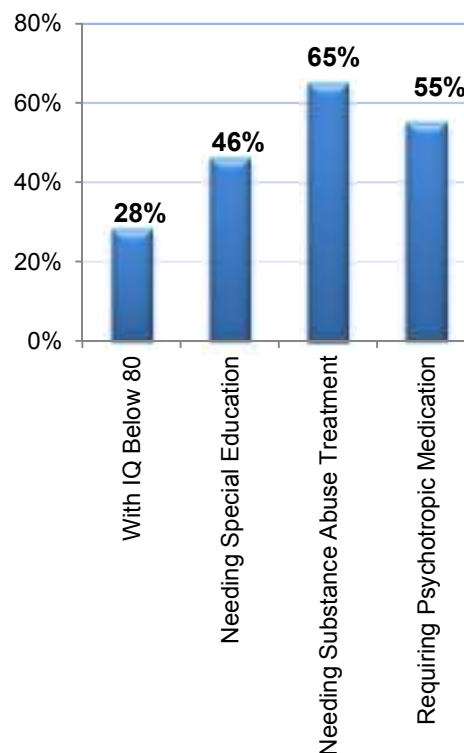
The youth admitted to STS have been increasingly difficult to serve and are more behaviorally and mental health involved:

- The percentage of youth needing psychotropic medications has increased consistently for several years, from 33% requiring psychotropic medications in SFY09 to 55% requiring psychotropic medications in SFY16.

As of July 21, 2016, the 114 STS in-house youth's previous placements were as follows:

- 85 in residential treatment
- Many had frequent prior placements in multiple psychiatric hospitals and PMIC placements for a total of 143 previous placements.

### Eldora Students in SFY16



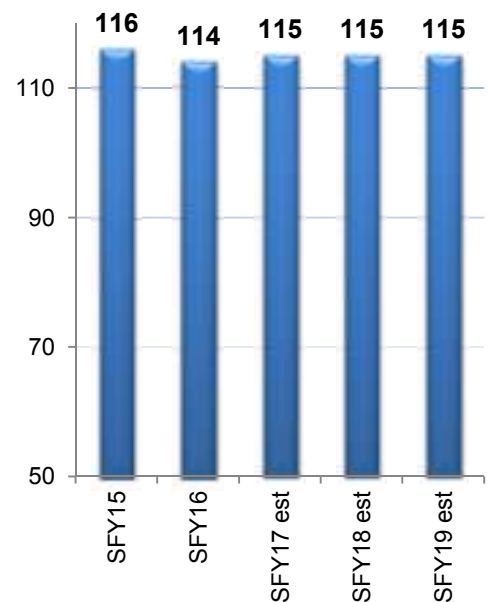
- ✓ *The Honor Corps is comprised of the top 10 percent of the student body. The Honor Corps provides students with a forum for leadership, growth, and achievement.*

## Services

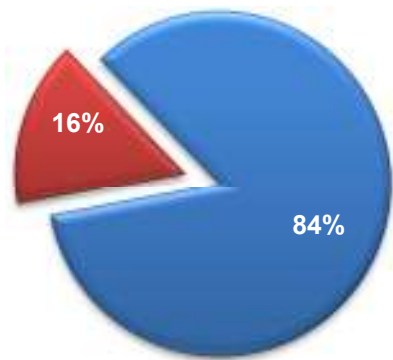
Services include:

- Comprehensive 24/7 residential treatment program providing a variety of educational, psychological, psychiatric, and behavioral programs.
- Specialized treatment services to sex offender youth as well as intensive substance use disorder treatment.
- High school and high school equivalency.
- Vocational certifications in welding and other occupational specialties.
- Treatment includes anger management, gang diversion, basic social skills and behavior modification.
- Provides specialized evaluation services for juvenile court officers and judges.
- STS students have access to PALS and Aftercare services upon discharge.
- Achieving Maximum Potential (AMP) Council is available to students at the State Training School.
- Enhanced staffing to provide intensive and targeted counseling and treatment to youth with significant behavioral and mental health needs.

**Average Daily Census**



- ✓ *In 2015 Eldora achieved a three-year re-accreditation by the American Correctional Association (ACA). ACA said Eldora's performance is among the elite in the country.*
- ✓ *The Bakery Careers program provides an opportunity to learn the food service industry. Students in the program provide 95 percent of the desserts and 33 percent of the bread and rolls for the daily menu.*
- ✓ *64 percent (120 FTEs) of the staff are direct care, 5 percent (10 FTEs) are professional and treatment professionals, 4 percent (7 FTEs) are maintenance, 6 percent (12 FTEs) are other support staff, 11 percent (21 FTEs) are educational, and 10 percent (18.3 FTEs) are administrative.*
- ✓ *In SFY17, 83.5 percent of the Eldora Training School operating budget is for staffing costs and 16.5 percent is for support costs.*
- ✓ *The Prison Rape elimination Act (PREA) currently requires that Eldora enhance its staffing ratios to meet increased PREA requirements effective in October 2017. However, Eldora is currently very vigilant in keeping its students safe; it has passed current standards for PREA, and the increased staffing requirements are being strongly challenged and questioned from states across the nation. Because of its strong commitment to student safety and uncertainty regarding the increased staffing requirements, no added request is being made for funding to meet these standards.*

Goals & Strategies	<p>Goal: Improve Safety, Well-Being and Permanency for Iowa’s Children</p> <p>Strategy:</p> <ul style="list-style-type: none"><li>• Improve social skills</li></ul> <p>Goal: Improve Iowans’ Employment and Economic Security</p> <p>Strategy:</p> <ul style="list-style-type: none"><li>• Improve educational skills</li></ul>	<p>Results SFY16:</p> <ul style="list-style-type: none"><li>• Post tests show 77 percent of youth improved on reading scores and 75 percent improved on math scores.</li></ul>						
Cost of Services	<p>For SFY16, (excluding education costs):</p> <p>Daily per diem rate: \$300.66</p> <p>Cost per episode of care: \$43,253.</p> <p>✓ 36 buildings on 361.2 acres (Iowa Prison Industries manages 286.1 acres)</p>							
Funding Sources	<p>The State Training School at Eldora is largely funded by state general funds with a small amount of funding from other sources.</p> <p>The total budget for SFY17 total budget is \$16,101,650</p> <ul style="list-style-type: none"><li>• \$13,567,834 (84.3 percent) is state general fund</li><li>• \$2,533,816 (15.7 percent) is from other funding sources</li></ul>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"><li>■ State General Funds (84%)</li><li>■ Other Funding (16%)</li></ul>  <table><caption>SFY17 Funding Data</caption><thead><tr><th>Funding Source</th><th>Percentage</th></tr></thead><tbody><tr><td>State General Funds</td><td>84%</td></tr><tr><td>Other Funding</td><td>16%</td></tr></tbody></table>	Funding Source	Percentage	State General Funds	84%	Other Funding	16%
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Legal Basis	<p><b>State:</b></p> <ul style="list-style-type: none"><li>• Iowa Code, Chapters 218 and 233A</li><li>• Iowa Administrative Code, 441 IAC 103</li></ul>							

# Comprehensive Family Support Programs



Purpose	The purpose of the Comprehensive Family Support programs – Family Support Subsidy (FSS) and Children at Home (CAH) – is to assist families of children with developmental disabilities to meet the special needs of their disabled children.	
Who Is Helped	<p>Both programs serve families of disabled children. Eligibility and availability are different.</p> <p><b>Family Support Subsidy (FSS)</b></p> <ul style="list-style-type: none"> <li>Child under age 18 who lives at home with a developmental disability which results in substantial functional limitation in three or more areas of major life activity.</li> <li>Families with income below \$40,000 (adjusted gross income).</li> <li>Available statewide until state legislation ended new enrollment effective January 2010.</li> <li>A monthly average of 108 children received FSS in SFY16.</li> </ul> <p><b>Children at Home (CAH)</b></p> <ul style="list-style-type: none"> <li>Person under 21 with a disability who lives at home or has a discharge plan to return home within 60 calendar days.</li> <li>Families with income below \$60,000 (adjusted gross income).</li> <li>Provided by 10 contractors serving 23 counties in SFY16.</li> <li>In SFY17, funding was transferred to the Iowa Department of Public Health (IDPH) for purposes of expanding the program to serve all 99 counties.</li> <li>Numbers served are expected to increase due to economies of scale by transitioning to a single administrator and increased funding through FSS savings.</li> <li>Having a single administrator will provide greater consistency in providing services.</li> </ul>	<p><b>Children Served SFY16</b></p> <p>■ CAH (88%) ■ FSS (12%)</p> <p><b>Number Served</b></p> <p>■ CAH * ■ FSS</p> <p>*No CAH projections for SFY17-19 due to changes in delivery system, but expected to increase over SFY16 number served.</p>
Services	<p>✓ <i>About half of the families served through the Family Support Subsidy have household income of less than \$30,000/year.</i></p> <p><b>Family Support Subsidy (FSS)</b></p> <ul style="list-style-type: none"> <li>Provides a monthly payment of \$296 to families for SFY17. Used to support the family in keeping their child at home.</li> <li>Program will continue until the last child turns 18 (approximately 2024).</li> </ul> <p><b>Children at Home (CAH)</b></p> <ul style="list-style-type: none"> <li>Provides funds for a particular need as they arise. Examples include adaptive equipment, special clothing, counseling, parent training, and respite.</li> <li>IDPH will partner with Visiting Nurse Services (VNS) of Iowa to provide services statewide.</li> </ul>	



Goals & Strategies	<p>FSS Goal: Provide families with financial support to help keep their children with disabilities at home.</p> <p>FSS Strategy:</p> <ul style="list-style-type: none"> <li>Continue to provide family support subsidy funding to families currently enrolled until the child's 18<sup>th</sup> birthday. As children leave the FSS program and the need for funds decreases, DHS proposes to move funds into the Children at Home program to increase the number of children served.</li> </ul> <p>CAH Goal: Gradually expand the program.</p> <p>CAH Strategy:</p> <ul style="list-style-type: none"> <li>The department proposes to continue using FSS dollars saved to provide CAH services to additional children through a statewide delivery system administered by IDPH.</li> </ul>	<p>Results in SFY15:</p> <ul style="list-style-type: none"> <li>Overwhelming percentages of parents in both groups say they are satisfied with the programs and that they assist in keeping their children at home.</li> </ul>
Cost of Services	<ul style="list-style-type: none"> <li>The annual cost per child receiving Family Support Subsidy services for the full 12 months in SFY16 was \$3,554.</li> <li>The average annual cost per child of providing Children at Home services in SFY15 was \$528.</li> </ul> <p>✓ <i>IDPH is partnering with Visiting Nurse Services to develop statewide standardized payment levels for individual requests and service needs. Data on types of services and payment in respective services will be collected and reviewed to better inform the program.</i></p> <p>✓ <i>The number of children that participate in FSS decreases each year due to children aging out. As a result, the amount of new savings that can be transferred from FSS to CAH also decreases.</i></p>	
Funding Sources	<p>The Comprehensive Family Support programs are funded exclusively by state dollars.</p> <p>Total funding in SFY17 is \$1,069,282.</p> <ul style="list-style-type: none"> <li>\$316,782 for Family Support Subsidy (FSS)</li> <li>\$752,500 for Children at Home (CAH)</li> </ul>	
Legal Basis	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>Iowa Code, Chapters 225C.35-42 &amp; 225C.47-49</li> </ul>	



# **Improve Iowan's Employment and Economic Security**

**Family Investment Program/PROMISE JOBS**

**Food Assistance**

**Child Care Assistance**

**Child Support Recovery**

# Family Investment Program



## Purpose

Iowa's Family Investment Program (FIP) is a cash assistance program to support low-income families with children and to provide services for them to become self-sufficient.

## Who Is Helped

The Family Investment Program helps people with minor children. Families must:

- Meet income and asset requirements.
- Be residents of Iowa.
- Be citizens or legally qualified non-citizens (such as refugees).
- Participate in work, training, or educational services to become self-sufficient.

67 percent of FIP households are one-parent families, while 6 percent include both parents.

27 percent of FIP households provide care to children of relatives. Some of these children are in the child welfare system. Others came to live with relatives as the result of voluntary arrangements with their parents.

The average FIP family is headed by a single Caucasian woman between 20 and 29 years old with a high school or equivalent education. The typical family has two children under the age of 6.

Benefits are limited to a five-year lifetime limit with exceptions in hardship cases.

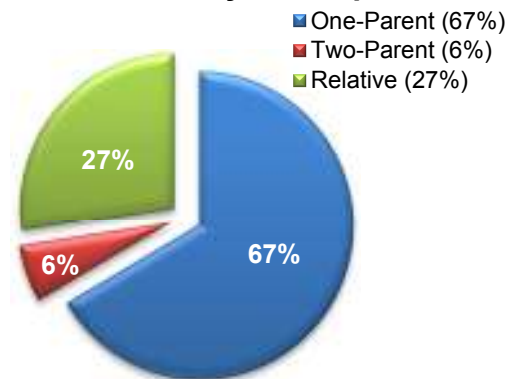
Average length of time on FIP:

- Single parent family: 21 months
- Two-parent family: 9 months
- Caretaker family: 29 months

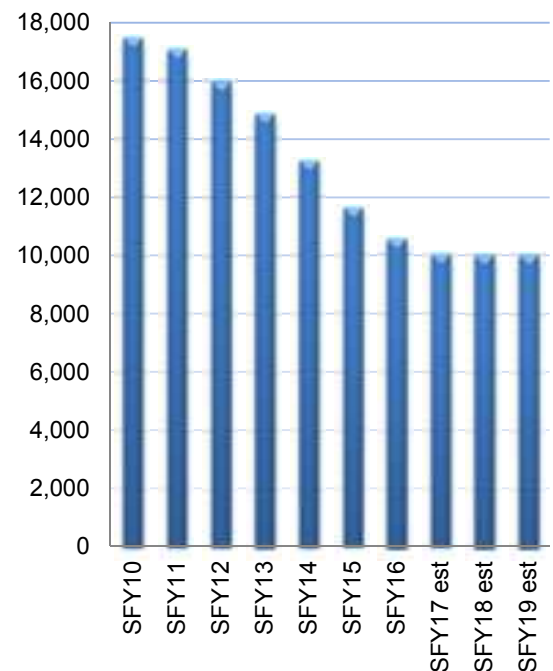
The FIP caseload has decreased every year from SFY11-SFY16. The caseload is expected to continue to decrease, but at a slower rate, through December 2016. The caseload is then expected to remain relatively stable, still experiencing some month-to-month ups and downs, for the rest of SFY17, as well as for SFY18-19.

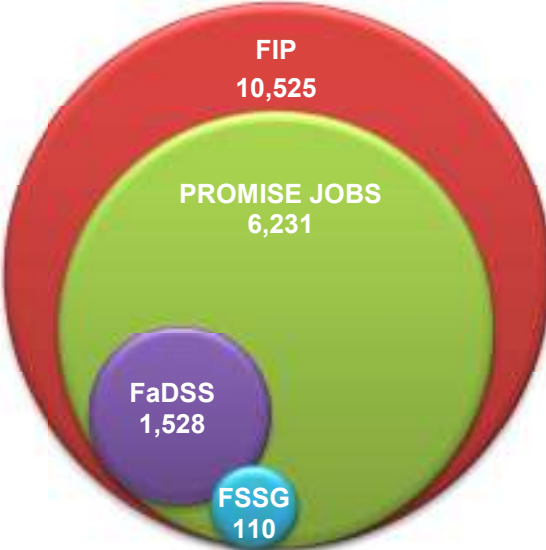
The FIP budget request includes funding for an Iowa-based non-profit organization to provide tax preparation assistance to low-income Iowans for the express purpose of expanding use of the federal and state earned income tax credit or EITC. By reducing a household's tax liability and in many cases even paying a refund, the EITC encourages work by increasing the amount of income available to meet household expenses.

### FIP Family Makeup SFY16



### FIP Average Monthly Cases



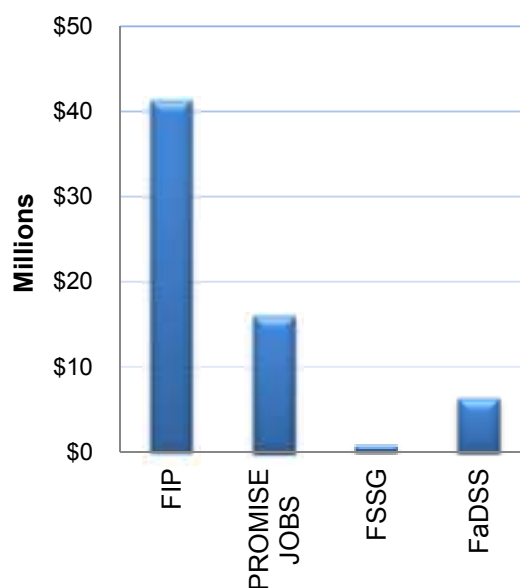
	<p>For tax year 2016, the maximum adjusted gross income limit for a household headed by a single parent ranges from \$39,296 (one qualifying child) to \$47,955 (three or more qualifying children). The 2016 maximum adjusted gross income limit for a 2-parent household ranges from \$44,846 to \$53,505. FIP families and other low-income households can receive tax preparation assistance. Households with no qualifying children may also be eligible for the EITC; however, income limits are much lower.</p>											
	<ul style="list-style-type: none"><li>✓ <i>A parent with two children must have income after deductions below \$426/month, or \$5,112 annually, to qualify.</i></li><li>✓ <i>In June 2016, over 89 percent of individuals receiving FIP also received Food Assistance and 94 percent received Medicaid.</i></li><li>✓ <i>About 215 families currently have a hardship exemption from the five-year limit. Hardship determinations are revisited every six months.</i></li><li>✓ <i>Every month, about 39 recipients are canceled because of the five-year lifetime limit.</i></li></ul>											
Services	<p>The FIP appropriation funds the following:</p> <ul style="list-style-type: none"><li>• Cash benefits. FIP cash benefits are provided on a monthly basis. Eligibility determination is made by DHS Field Operations staff. DHS staff also make referrals for the PROMISE JOBS program.<ul style="list-style-type: none"><li>○ An average of 10,525 families a month received FIP in SFY16.</li></ul></li><li>• PROMISE JOBS Program. The acronym stands for Promoting Independence and Self-Sufficiency through Employment, Job Opportunities, and Basic Skills.<ul style="list-style-type: none"><li>○ DHS contracts with Iowa Workforce Development (IWD) to provide PROMISE JOBS services.</li><li>○ This program provides training, education, and employment services. In addition, the program pays allowances for specified costs, such as transportation, related to participating in program activities.</li><li>○ The DHS Bureau of Refugee Services provides PROMISE JOBS services to FIP recipients with refugee status.</li><li>○ An average of 6,231 FIP families a month received PROMISE JOBS in SFY16.</li></ul></li></ul>	<p><b>Monthly Average Types of Services SFY16</b></p>  <table><thead><tr><th>Service Type</th><th>Monthly Average</th></tr></thead><tbody><tr><td>FIP</td><td>10,525</td></tr><tr><td>PROMISE JOBS</td><td>6,231</td></tr><tr><td>FaDSS</td><td>1,528</td></tr><tr><td>FSSG</td><td>110</td></tr></tbody></table>	Service Type	Monthly Average	FIP	10,525	PROMISE JOBS	6,231	FaDSS	1,528	FSSG	110
Service Type	Monthly Average											
FIP	10,525											
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- Family Self-Sufficiency Grant (FSSG) Program.
  - DHS contracts with IWD to administer this grant program.
  - This grant program provides up to \$1,000 per family per year to pay for work related goods and services (e.g. car repair, clothing, and employment related certification requirements).
  - An average of 110 FIP families a month received this grant in SFY16.
- Family Development and Self-Sufficiency (FaDSS) Program.
  - The Department of Human Rights administers this program.
  - FaDSS provides intensive home-based case management services to PROMISE JOBS families who have barriers keeping them from achieving self-sufficiency.
  - An average of 1,528 FIP families a month received this service in SFY16.

Free tax preparation assistance is provided to low-income families and individuals to complete and submit federal and state tax returns, including electronic filing, which may qualify for federal and state earned income tax credits. The maximum federal EITC for tax year 2016 ranges from \$3,373 with one qualifying child, to \$6,269 with three or more qualifying children. The maximum federal EITC for a household with no qualifying child is \$506.

Iowa's state EITC is based on a percentage of the federal EITC, currently 15 percent. An emphasis is put on providing tax preparation assistance in areas of the state lacking this resource.

**Expenditures SFY16**



- ✓ **Before** receiving a FIP grant, PROMISE JOBS participants must sign a self-sufficiency agreement identifying what they will do to become self-sufficient.
- ✓ FIP recipients receive their monthly cash benefits via an Electronic Access Card (EAC) that can be used anywhere a VISA debit card is accepted. Effective February 1, 2014, the department implemented policy to comply with federal legislation that prohibits participants from using their EAC at liquor stores, casinos, and adult entertainment venues in which performers disrobe or perform in an unclothed state.
- ✓ Both federal and state refundable EITC are generally exempt or excluded when determining eligibility for other public assistance programs, including FIP and Food Assistance. Earned income disregards further encourage FIP families to work and also increase household income.

Goals & Strategies	<p>Goal: Help families become self-sufficient.</p> <p>Strategies:</p> <ul style="list-style-type: none"> <li>• Provide an array of employment related supports.</li> <li>• Coordinate with IWD to improve work participation rates.</li> <li>• Participate as a mandatory partner in Iowa's one-stop centers.</li> </ul>	<p>Results:</p> <ul style="list-style-type: none"> <li>• In SFY16, 79.2 percent of people who left FIP stayed off the benefit program for at least a year.</li> <li>• Iowa's actual work rate for the first half of FFY16 exceeds the federal requirement by approximately 32 percentage points.</li> </ul>
Cost of Services	<ul style="list-style-type: none"> <li>• The average annual benefit per FIP recipient is \$1,590.</li> <li>• The average annual cost of service per-person in the PROMISE JOBS program is \$2,254.</li> <li>• The average FSSG grant per family is \$519.</li> </ul> <p>✓ <i>The maximum annual FIP amount paid to a family of three is less than 25 percent of the federal poverty level.</i></p> <p>✓ <i>In SFY16, the average monthly FIP payment was: \$342.25 for 1-parent households = \$4,107 annually; \$423.09 for 2-parent households = \$5,077 annually; and \$266.23 for caretaker households = \$3,195 annually.</i></p>	
Funding Sources	<p>The Family Investment Program is funded by state general funds, federal funds, including TANF, and other funding (child support recovery that is used to offset public assistance).</p> <p>The SFY17 total Enacted FIP budget is \$89,241,970:</p> <ul style="list-style-type: none"> <li>• \$48,673,875 (54 percent) is state general funds.</li> <li>• \$31,768,626 (36 percent) is federal funds.</li> <li>• \$ 8,799,469 (10 percent) is other.</li> </ul>	<p><b>SFY17 Funding</b></p> <p>■ State General Fund (54%) ■ Federal (36%) ■ Other Funding (10%)</p>
	<p>✓ <i>Temporary Assistance for Needy Families (TANF) is a block grant, which means Iowa gets the same amount of funding each year.</i></p> <p>✓ <i>PROMISE JOBS participation helps Iowa meet federal TANF work participation rates.</i></p> <p>✓ <i>Failure to meet TANF work participation rates can reduce federal funding.</i></p> <p>✓ <i>Current funding and authorization for the TANF block grant ends September 30, 2016. It is likely that TANF will be extended rather than go through a full reauthorization process completed by that date.</i></p>	
Legal Basis	<p><b>Federal:</b></p> <ul style="list-style-type: none"> <li>• Title IV-A of the Social Security Act</li> <li>• Code of Federal Regulations 45 CFR 260 – 265</li> </ul> <p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code, Chapter 239B</li> <li>• Iowa Administrative Code, 441 IAC 40, 41, 42, 45, 46, and 93</li> </ul>	

# Food Assistance



## Purpose

Food Assistance (FA), also known as the Supplemental Nutrition Assistance Program (SNAP), is a federally funded program that provides food or benefits to purchase food for low-income Iowans.

## Who Is Helped

### Food Assistance

People eligible for Food Assistance must:

- Be residents of Iowa.
- Be citizens or legally qualified non-citizens (such as refugees).
- Have household incomes not to exceed 160 percent of the federal poverty level. For a family of three, that equals a gross annual income of about \$31,000.

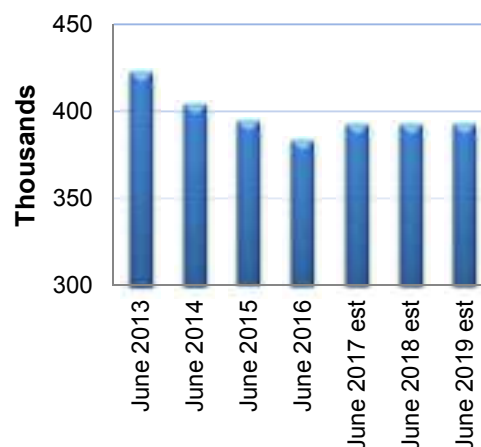
To provide more complete and accurate counts of households and recipients, DHS has made the following improvements, which are reflected in counts for SFY15 and future years:

- Counts are done mid-month following the report month rather than at the end of the report month as has been done in the past. For example, July counts are done mid-August.
  - About 2,000 households are in a closed status at the end of each month but are re-opened the following month.
  - Under the old counting method, these households would not be included and as a result, household and recipient counts have been understated.
- A new category for both households and recipients has been added based on participation in the Healthy and Well Kids in Iowa (**hawk-i**) program.
- Recipient counts are now based on each household member's participation status in other programs rather than the household category. Under the old method, if a household was categorized as FA and FIP, all FA recipients would also be categorized and counted as FA and FIP regardless of actual FIP status.

In SFY16:

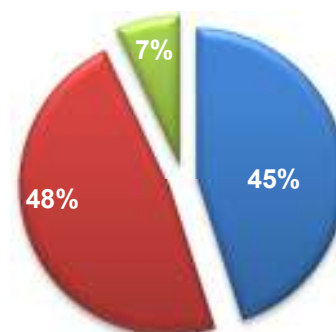
- An average of 398,317 Iowans in 181,839 households received benefits every month, a 0.8 percent decrease from SFY15.
- 85 percent of FA recipients also receive Medicaid and/or Family Investment Program (FIP) benefits, or **hawk-i**.
- The average recipient is a 26-year-old Caucasian female.

### FA Recipients



### Age of Recipients in SFY16

- Children (45%)
- Age 18-59 (48%)
- 60 & Over (7%)





### Supplemental Food Programs

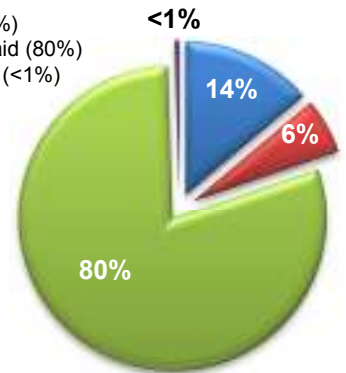
The Commodity Supplemental Food Program (CSFP) and The Emergency Food Assistance Program (TEFAP) provide food to low-income Iowans.

Due to a change in federal law, CSFP now exclusively serves elderly, low-income Iowans. Low-income women and children, who were previously covered, are now served by the Women, Infants, and Children (WIC) program.

- An average of 2,868 Iowans per month were served through CSFP and over 865,000 pounds of commodities were distributed in SFY16.
- TEFAP served an average of 103,500 individuals per month and distributed 4.3 million pounds of food during SFY16.

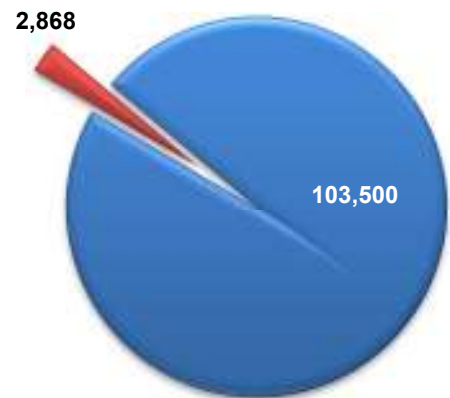
### Recipients by Program in SFY16

- FA only (14%)
- FA and FIP (6%)
- FA and Medicaid (80%)
- FA and hawk-I (<1%)



### Monthly Average Recipients of TEFAP and CSFP SFY16

- TEFAP
- CSFP



- ✓ *Having children is not a requirement to receive Food Assistance benefits.*
- ✓ *People incarcerated more than 30 days are not eligible. Their families may continue to receive benefits if the household still meets eligibility requirements.*
- ✓ *Requirements under the federal Affordable Care Act (ACA) for individuals to obtain health care coverage and the increased availability of such coverage to Iowans under the Iowa Health and Wellness Plan, have caused a shift in household and recipient counts from FA Only to FA Medicaid. By June 2017, FA Only households are projected to account for less than 12 percent of all households receiving Food Assistance as compared to over 33 percent of all households in December 2012.*

## Services

### Food Assistance

- Food Assistance benefits assure low-income Iowans have access to food.
- Benefits may only be used to purchase unprepared food and non-alcoholic beverages.
- All Food Assistance transactions occur electronically on Electronic Benefit Transfer (EBT) cards. The card does not have cash benefits and will not work at ATMs.
- EBT cards may be used to buy food from 150 farmers at 110 different farmers markets and 39 roadside stands across Iowa. This provides easy access to the freshest food Iowa has to offer.

### Supplemental Food Programs

- The Commodity Supplemental Food Program (CSFP) distributes commodities directly to elderly recipients.
- The Emergency Food Assistance Program (TEFAP) distributes food through food banks and meal sites to low-income Iowans.

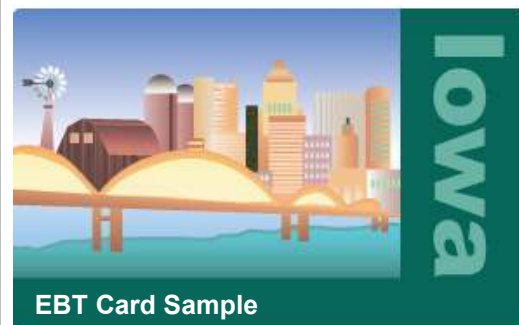
### Employment and Training Program

This is a voluntary program through Food Assistance offering job seeking skills, classroom training, and structured employment search.

DHS partners with the following community colleges to provide services to those FA recipients seeking training for employment: Des Moines Area Community College (DMACC), Hawkeye, Indian Hills, Iowa Western, Kirkwood and Southwestern.

### Nutrition Education

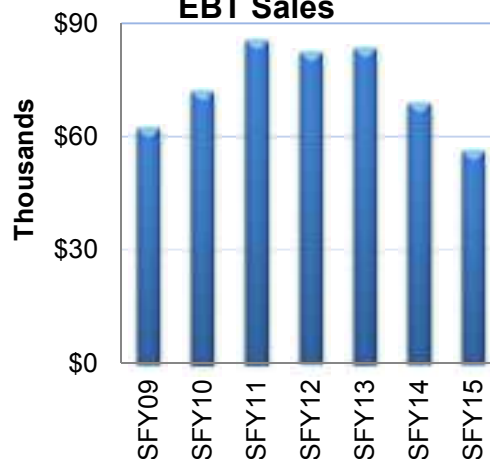
Written educational materials are provided to FA recipients to promote healthy food choices.



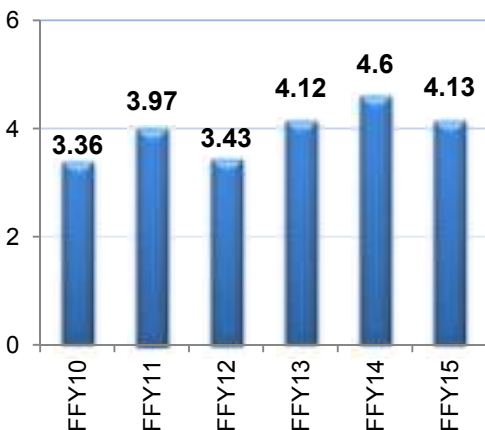
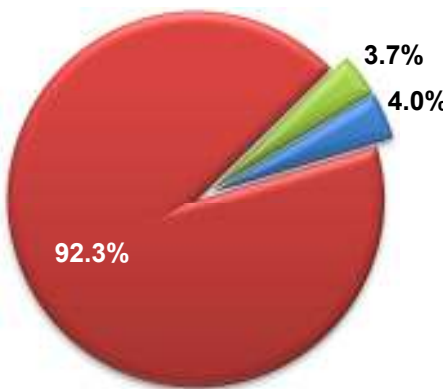
### Average Benefits SFY16:

- \$231.99 per month per household
- \$105.95 per month per individual
- \$3.48 per day per individual
- \$1.16 per meal

### Farmers Markets EBT Sales



- ✓ While Food Assistance may be used in any state, approximately 99 percent of benefits are used in Iowa or bordering states.
- ✓ DHS and the Department of Education partner to identify children who qualify for free school lunches based on the receipt of Food Assistance or FIP, or being in foster care.
- ✓ Employment and Training services through community colleges provide short term certification for in-demand industries in Iowa.

Goals & Strategies	<p>Goal: Improve efficiency and accuracy. Strategy:</p> <ul style="list-style-type: none"><li>Continue monitoring and training on key causes of errors.</li></ul> <p>Goal: Assure benefits are issued timely. Strategy: Monitor performance.</p> <p>Goal: Prevent fraud and abuse. Strategies:</p> <ul style="list-style-type: none"><li>Implemented new methods to identify potential misuse of EBT cards.</li><li>Identify and cancel benefits for ineligible individuals who are incarcerated.</li></ul>	<p><b>Percentage of Errors Calculating Benefits</b></p>  <table><thead><tr><th>Fiscal Year</th><th>Percentage of Errors</th></tr></thead><tbody><tr><td>FFY10</td><td>3.36</td></tr><tr><td>FFY11</td><td>3.97</td></tr><tr><td>FFY12</td><td>3.43</td></tr><tr><td>FFY13</td><td>4.12</td></tr><tr><td>FFY14</td><td>4.6</td></tr><tr><td>FFY15</td><td>4.13</td></tr></tbody></table>	Fiscal Year	Percentage of Errors	FFY10	3.36	FFY11	3.97	FFY12	3.43	FFY13	4.12	FFY14	4.6	FFY15	4.13
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Cost of Services	<p>The average annual FA benefit per recipient is \$1,310.</p> <p>✓ <i>In SFY16, the average monthly FA benefit for FIP households was \$413.32 = \$4,960 annually; for FA Only households was \$162.29 = \$1,947 annually; for Medical Assistance households was \$229.13 = \$2,750 annually; and for hawk-i households was \$232.73 = \$2,793 annually.</i></p>															
Funding Sources	<p>Food Assistance benefits and The Emergency Food Assistance Program (TEFAP) are paid 100 percent by federal dollars. Iowa and the federal government split the administrative costs 50/50.</p> <p>Nutrition Education, Commodity Supplemental Food Program (CSFP), and the Employment &amp; Training (E &amp; T) program are paid 100 percent with federal dollars.</p> <p>The SFY17 total projected budget is \$555,318,987:</p> <ul style="list-style-type: none"><li>\$533,217,097 is federal<ul style="list-style-type: none"><li>\$512,661,398 in benefits</li><li>\$20,555,699 in admin costs</li></ul></li><li>\$22,101,890 in state general fund.</li></ul>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"><li>State General Fund (4.0%)</li><li>Federal Benefits (92.3%)</li><li>Federal Admin (3.7%)</li></ul>  <table><thead><tr><th>Funding Source</th><th>Percentage</th></tr></thead><tbody><tr><td>Federal Benefits</td><td>92.3%</td></tr><tr><td>Federal Admin</td><td>3.7%</td></tr><tr><td>State General Fund</td><td>4.0%</td></tr></tbody></table>	Funding Source	Percentage	Federal Benefits	92.3%	Federal Admin	3.7%	State General Fund	4.0%						
Funding Source	Percentage															
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	<p>✓ <i>In SFY16, \$511.4 million was drawn from the federal government for Food Assistance benefits, a one-year decrease of 1.9 percent.</i></p> <p>✓ <i>The USDA estimates that \$9.20 in economic activity is generated for every \$5 spent on food.</i></p> <p>✓ <i>Both state and federal funds are used to contract with a vendor to provide EBT cards. DIA's fraud investigators also receive federal funding for FA activities.</i></p> <p>✓ <i>While caseloads have decreased during the past two years, they are not expected to reach pre-recession levels. This applies not only to Iowa, but also nationally.</i></p>															

## Legal Basis

**Federal:**

- Code of Federal Regulations: 7 CFR 272.2
- The Agricultural Act of 2014 (P.L. 113-79).
- Section 6 of the Food and Nutrition Act of 2014 as amended by P.L. 113-79

**State:**

- Iowa Administrative Code, 441 IAC 65

# Child Care Assistance



## Purpose

The Child Care Assistance (CCA) Program supports low-income families with working parents, parents gaining work skills, or parents going to school. In addition to paying for child care, this appropriation supports the regulation of child care providers and quality improvement activities.

## Who Is Helped

Child Care Assistance provides financial assistance for children under the age of 13 in:

- Families whose parents are: (1) working at least 28 hours per week; or (2) in school full time; or (3) are working and in school for a combined minimum of 28 hours per week; and (4) have income below 145 percent of the Federal Poverty Level (FPL).
- Families with children with special needs where parents are working or are in school full time with incomes up to 200 percent FPL.

The Child Care Development Block Grant (CCDBG) Act of 2014, and federal regulations implementing the Act, provide families with opportunities for additional months of CCA coverage, effective SFY17.

- States are required to use a 12-month certification period compared to the 6-month period previously used in Iowa.
- An exit eligibility program, CCA Plus, is available for 12 months to families at re-certification if they meet eligibility requirements but are over 145 percent FPL but under 85 percent of the state median income.
- Families with a temporary lapse (less than three months) in work or other activities qualifying for CCA, including maternity leave, job loss, school breaks, etc., will maintain eligibility during that time.

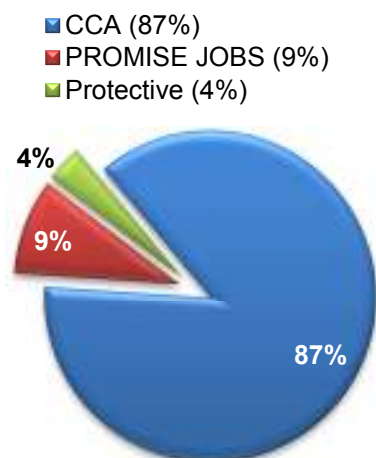
Families receiving Family Investment Program benefits and participating in certain PROMISE JOBS (PJ) activities can receive financial assistance for children under the age of 13.

Protective Child Care is available to children who have been abused or neglected.

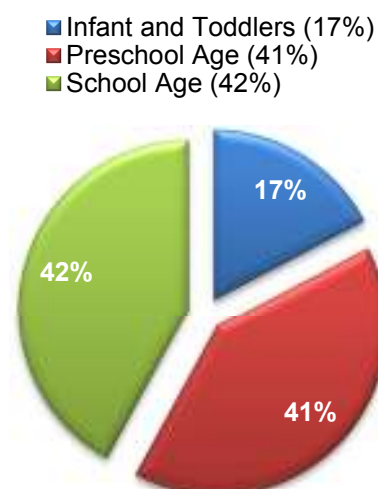
In SFY16, 37,486 children were served.

- A monthly average of 21,111 children received a child care service, a 0.9 percent decrease from SFY15.
- Caseloads for Child Care Assistance and Protective Child Care are expected to increase in SFY17 and SFY18, while the PROMISE JOBS caseload is expected to continue to decrease both years, but at a slower rate.

## Number of Children Served SFY16

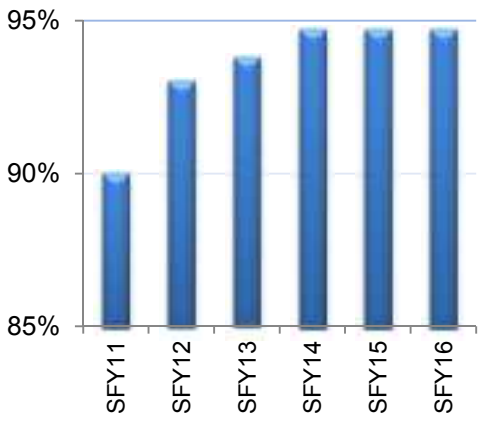
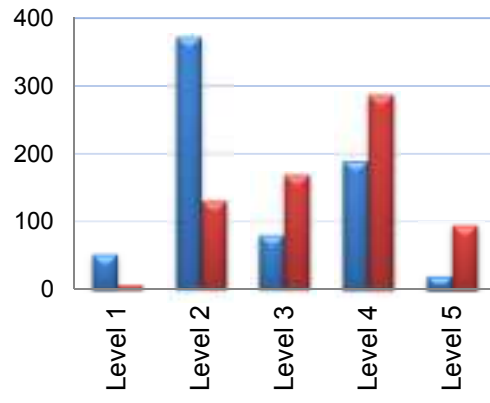


## Ages of Children Served SFY16

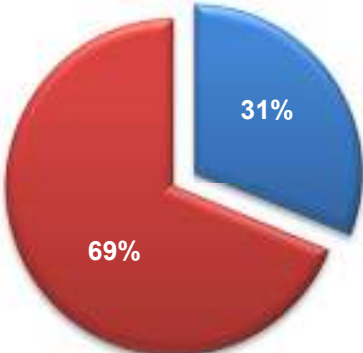


	<ul style="list-style-type: none"><li>Child Care Assistance caseloads are expected to continue to increase in SFY19, while caseloads for Protective Child Care and PROMISE JOBS remain at SFY18 levels.</li></ul> <p>The average CCA child is under age five, has one sibling, and lives in a one-parent family. The parent is working. The family income is below 100 percent of the FPL and therefore does not have a co-pay for services.</p>																																																	
	<ul style="list-style-type: none"><li>✓ <i>The 2016 Federal Poverty Level for a family of three is \$20,160. A family of three can earn up to \$29,232 annual gross wages and remain eligible for CCA.</i></li><li>✓ <i>In SFY16, 94.7 percent of families needing child care were employed; this is no change from SFY15.</i></li></ul>																																																	
Services	<p>The Child Care Assistance program allows parents to choose their child care provider. Providers include:</p> <ul style="list-style-type: none"><li>1,488 licensed child care centers.</li><li>3,207 registered child care development homes. In-home providers caring for six or more children at one time must register.</li><li>1,379 legally operating, non-registered providers who receive payment under the CCA program. Providers caring for five or fewer children at one time are not required to be regulated.</li></ul> <p>Activities other than child care assistance funded by this appropriation:</p> <ul style="list-style-type: none"><li>The five Child Care Resource and Referral contracts and the 17 wraparound child care contracts both increase access to quality services/providers. Management and oversight of these contracts is performed by General Administration staff.</li><li>The Quality Rating System (QRS) identifies and promotes quality in child care services. The QRS is voluntary for providers. Management and oversight for this program is performed by General Administration staff.</li><li>Regulatory activities which are carried out by Field Operations and General Administration staff.</li></ul> <p>In addition, Child Care Assistance and Protective Child Care eligibility and payment activities are performed by DHS Field Operations. PROMISE JOBS child care eligibility activities are performed by Iowa Work Force Development staff.</p>	<div><h3>Average Monthly Number of Children Served</h3><table><thead><tr><th>SFY</th><th>CCA</th><th>PROMISE JOBS</th><th>Protective</th></tr></thead><tbody><tr><td>SFY14</td><td>18,000</td><td>1,000</td><td>1,000</td></tr><tr><td>SFY15</td><td>18,000</td><td>1,000</td><td>1,000</td></tr><tr><td>SFY16</td><td>18,000</td><td>1,000</td><td>1,000</td></tr><tr><td>SFY17 est</td><td>21,000</td><td>1,000</td><td>1,000</td></tr><tr><td>SFY18 est</td><td>21,000</td><td>1,000</td><td>1,000</td></tr><tr><td>SFY19 est</td><td>21,000</td><td>1,000</td><td>1,000</td></tr></tbody></table></div> <div><h3>Expenditures By Type</h3><table><thead><tr><th>SFY</th><th>CCA</th><th>PROMISE JOBS</th><th>Protective</th></tr></thead><tbody><tr><td>SFY14</td><td>90</td><td>5</td><td>5</td></tr><tr><td>SFY15</td><td>90</td><td>5</td><td>5</td></tr><tr><td>SFY16</td><td>90</td><td>5</td><td>5</td></tr><tr><td>SFY17 est</td><td>100</td><td>5</td><td>5</td></tr></tbody></table></div>	SFY	CCA	PROMISE JOBS	Protective	SFY14	18,000	1,000	1,000	SFY15	18,000	1,000	1,000	SFY16	18,000	1,000	1,000	SFY17 est	21,000	1,000	1,000	SFY18 est	21,000	1,000	1,000	SFY19 est	21,000	1,000	1,000	SFY	CCA	PROMISE JOBS	Protective	SFY14	90	5	5	SFY15	90	5	5	SFY16	90	5	5	SFY17 est	100	5	5
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	<ul style="list-style-type: none"><li>✓ <i>More than 82 percent of child care bills are submitted electronically.</i></li><li>✓ <i>100 percent of child care centers are visited annually.</i></li><li>✓ <i>In working toward a target of monitoring 100% of child development homes, 98% had on-site visits last year.</i></li></ul>																																																	



Goals & Strategies	<p>Goal: Improve Iowans' Employment and Economic Security</p> <p>Strategies:</p> <ul style="list-style-type: none"><li>• Provide child care assistance to support working families.</li><li>• Promote the use of quality child care services.</li><li>• Ensure child care payments are made timely.</li></ul> <p>SFY16 Results</p> <ul style="list-style-type: none"><li>• 94.7 percent of families paid under CCA received assistance due to employment.</li><li>• 92 percent of children were cared for in regulated settings.</li><li>• 92 percent of all CCA expenditures were made to regulated providers.</li><li>• 99.7 percent of correctly submitted child care bills were paid within 10 days.</li></ul>	<p><b>Percentage of CCA Families Employed</b></p>  <table><caption>Percentage of CCA Families Employed</caption><thead><tr><th>SFY</th><th>Percentage</th></tr></thead><tbody><tr><td>SFY11</td><td>~90%</td></tr><tr><td>SFY12</td><td>~93%</td></tr><tr><td>SFY13</td><td>~94%</td></tr><tr><td>SFY14</td><td>~94.7%</td></tr><tr><td>SFY15</td><td>~94.7%</td></tr><tr><td>SFY16</td><td>~94.7%</td></tr></tbody></table> <p><b>QRS Level Achieved June 2016</b></p> <p>■ Child Development Homes (710 total) ■ Child Care Center (682 total)</p>  <table><caption>QRS Level Achieved June 2016</caption><thead><tr><th>Level</th><th>Child Development Homes (710 total)</th><th>Child Care Center (682 total)</th></tr></thead><tbody><tr><td>Level 1</td><td>~50</td><td>~10</td></tr><tr><td>Level 2</td><td>~380</td><td>~130</td></tr><tr><td>Level 3</td><td>~80</td><td>~170</td></tr><tr><td>Level 4</td><td>~190</td><td>~280</td></tr><tr><td>Level 5</td><td>~20</td><td>~90</td></tr></tbody></table>	SFY	Percentage	SFY11	~90%	SFY12	~93%	SFY13	~94%	SFY14	~94.7%	SFY15	~94.7%	SFY16	~94.7%	Level	Child Development Homes (710 total)	Child Care Center (682 total)	Level 1	~50	~10	Level 2	~380	~130	Level 3	~80	~170	Level 4	~190	~280	Level 5	~20	~90
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	<ul style="list-style-type: none"><li>✓ <i>The Child Care Development Block Grant (CCDBG) Act of 2014, “Reauthorization”, made significant policy changes across the subsidy, regulatory and quality improvement components of the child care system. The Act also authorized funding increases over five years. Iowa was allocated about \$2.3 million in additional funds for FFY16.</i></li><li>✓ <i>Federal funding for CCDF is partially subject to annual sequestration reductions required under the Budget Control Act of 2011 (BCA, P.L. 112-25). The impact of future sequestration is unknown and has not been included in CCDF funding estimates.</i></li></ul>																																	
Cost of Services	<p>The average annual child care assistance benefit per child in SFY16 was \$4,810.</p> <p>The average annual child care assistance benefit per child in SFY17 is estimated at \$4,815.</p>																																	
	<ul style="list-style-type: none"><li>✓ <i>Current child care reimbursement rates are based on a 2004 Market Rate Study (MRS). The Child Care and Development Fund (CCDF) regulations require states to conduct a MRS every three years and to set their rates based on that information to assure access.</i></li></ul>																																	



<b>Funding Sources</b>	<p>Child Care Assistance programs are funded by state general funds and federal funds, including the Child Care Development Fund (CCDF) and TANF (Temporary Assistance for Needy Families).</p> <p>The total Child Care Assistance budget for SFY17 is \$129,029,410:</p> <ul style="list-style-type: none"><li>• \$40,216,046 (31 percent) state general fund</li><li>• \$88,813,364 (69 percent) federal</li></ul> <p>From SFY14 to SFY17, state funding for CCA has decreased by \$26,320,233, including a \$10 million de-appropriation in SFY16, or 42 percent. From SFY14-SFY16, the monthly average caseload decreased by 6.8 percent, while the average cost per child increased by just one percent. No additional state funds were requested in SFY17, despite an additional \$8 million projected cost for implementing policy changes required by the federal legislation.</p>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"><li>■ State General Fund (31%)</li><li>■ Federal Funds (69%)</li></ul> 
	<ul style="list-style-type: none"><li>✓ <i>The CCDF is a capped federal block grant. Child care is not a federal entitlement and there are a specific amount of federal funds available to states. Iowa consistently receives all available CCDF.</i></li><li>✓ <i>Up to 30 percent of TANF funds can be transferred to CCDF and SSBG combined. The combined maximum amount is currently being transferred to those programs.</i></li><li>✓ <i>CCDF Reauthorization, enacted in 2014, imposed a number of new requirements on states. Several of these changes require that Iowa provide additional months of CCA coverage and increase costs. Additional funding is also included under reauthorization; however, it is insufficient to cover all of the anticipated costs from these policy changes.</i></li><li>✓ <i>Federal funding for CCDF is partially subject to annual sequestration reductions required under the Budget Control Act of 2011 (BCA, P.L. 112-25). The impact of future sequestration is unknown and has not been included in CCDF funding estimates.</i></li></ul>	
<b>SFY18 &amp; SFY19 Budget Drivers</b>	<p>This request includes \$3,826,485 to replace one-time carry-forward funds appropriated in SFY17 that will not be available in SFY18 and SFY19.</p>	
<b>Legal Basis</b>	<p><b>Federal:</b></p> <ul style="list-style-type: none"><li>• Section 418 of Title IV-A of the Social Security Act, as amended</li><li>• Title VI of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996</li><li>• Child Care and Development Fund Block Grant Act of 2014</li><li>• Code of Federal Regulations 45, Parts 98 and 99</li></ul> <p><b>State:</b></p> <ul style="list-style-type: none"><li>• Iowa Code, Chapters 237A and 256I</li></ul>	

# Child Support Recovery Unit



## Purpose

The Child Support Recovery Unit assists custodial parents to receive court-ordered child support payments. Recoveries also reimburse taxpayers for the cost of public assistance (welfare).

## Who Is Helped

### Eligibility for services:

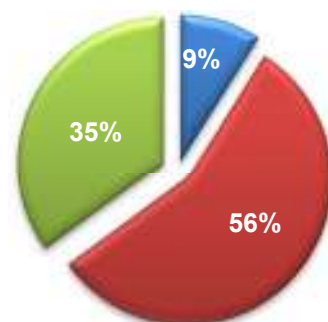
- All people who receive public cash assistance from the Family Investment Program (FIP). Recoveries reimburse government benefits.
- All people who pay a one-time fee (\$25) for help in recovering court-ordered support.

### Number served:

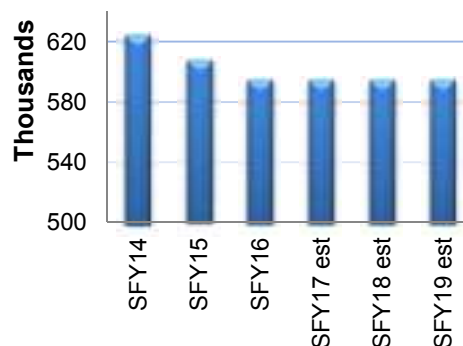
- In SFY16, CSRU served 594,377 parents and children on 168,857 cases. Of these:
  - 9 percent receive FIP.
  - 56 percent formerly received FIP.
  - 35 percent never received FIP. These people asked for the state's help in collecting child support and paid a one-time \$25 fee.
- Caseloads are projected to remain level through SFY18 and SFY19.
- During SFY16, in cases where support had been established or modified by CSRU, the median annual income of a custodial parent served by CSRU was \$15,540. For noncustodial parents served by CSRU, the median annual income was \$20,640.

## Who Receives Child Support SFY16

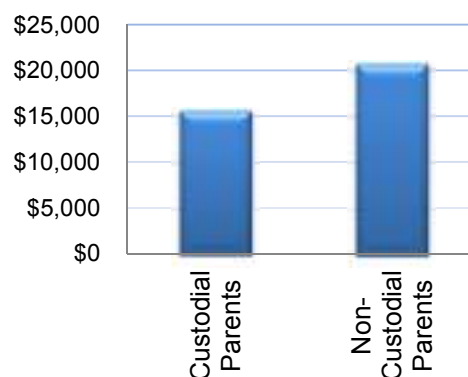
- Now Receiving FIP (9%)
- Former FIP (56%)
- Never FIP (35%)



## Number of Parents and Children Served



## Median Annual Income for CSRU Families in SFY16



	<ul style="list-style-type: none"> <li>✓ <i>In SFY16, \$17.8 million in collections went to state and federal governments to offset the cost of public assistance.</i></li> <li>✓ <i>8.5 percent of custodial parents served by CSRU are male.</i></li> </ul>																						
<b>Services</b>	<div data-bbox="386 300 971 993"> <ul style="list-style-type: none"> <li>• The CSRU helps parents establish paternity and support orders and enforces orders for support. Child support collections help families with children become self-sufficient.</li> <li>• Customers are served by 22 field offices, a centralized employer call center, the Collection Services Center, and a central operations unit.</li> <li>• CSRU sent 167,222 income-withholding notices to employers in SFY16. Seventy-eight percent of collections come from employer withholdings.</li> <li>• In SFY16, the Collection Services Center (CSC) processed 2,844,561 child support payments, totaling \$322.8 million.</li> <li>• In SFY16, the CSRU filed 9,286 affidavits establishing paternity, 5,674 orders establishing paternity and support, and 4,468 modifications of support orders.</li> </ul> </div> <div data-bbox="995 300 1507 1665"> <p><b>Child Support Collections SFY16</b></p> <table border="1"> <caption>Child Support Collections SFY16 Breakdown</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Income Withholding</td> <td>78%</td> </tr> <tr> <td>Other</td> <td>11%</td> </tr> <tr> <td>Unemployment Benefits</td> <td>2%</td> </tr> <tr> <td>Tax Offsets</td> <td>7%</td> </tr> <tr> <td>License Sanctions</td> <td>2%</td> </tr> </tbody> </table> <p><b>Total Child Support Collections</b></p> <table border="1"> <caption>Total Child Support Collections (Millions)</caption> <thead> <tr> <th>Fiscal Year</th> <th>Amount (Millions)</th> </tr> </thead> <tbody> <tr> <td>SFY14</td> <td>326</td> </tr> <tr> <td>SFY15</td> <td>324</td> </tr> <tr> <td>SFY16</td> <td>323</td> </tr> <tr> <td>SFY17 est</td> <td>323</td> </tr> </tbody> </table> </div>	Category	Percentage	Income Withholding	78%	Other	11%	Unemployment Benefits	2%	Tax Offsets	7%	License Sanctions	2%	Fiscal Year	Amount (Millions)	SFY14	326	SFY15	324	SFY16	323	SFY17 est	323
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## Goals & Strategies

Goal: Secure financial and emotional support for children from both parents.

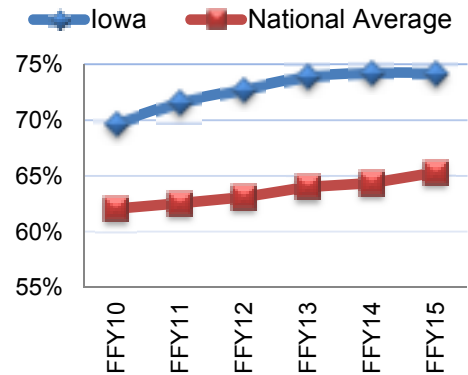
Strategies:

- Collect child support in the month it is due. Timely support is essential to family self-sufficiency.
- Make it easy for employers to deduct child support from wages.

Results:

- In SFY16, CSRU collected more than 74 percent of current support in the month due. Iowa routinely exceeds the national average.

### Support Collected in the Month Due



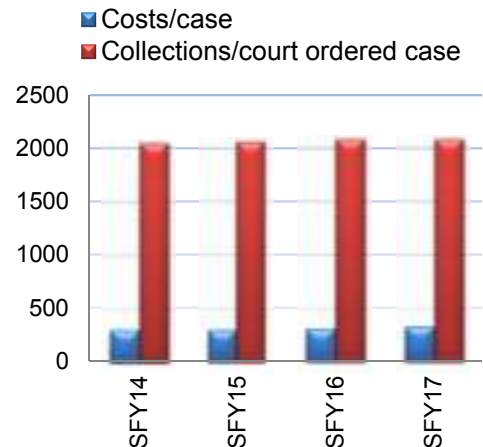
- CSRU collected \$251.1 million from employers in SFY16. Iowa was the first state to operate one-stop service center for employers.

## Cost of Services

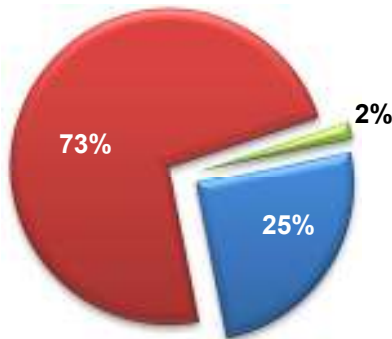
The average annual cost for CSRU to provide services is \$335 per case.

The CSRU collects an average of \$2,083 annually per court-ordered case.

### Annual Costs & Collections per Case



- ✓ During SFY17, each CSRU employee will collect an estimated \$639,251 in child support.
- ✓ During SFY16, the state cost per full-time equivalent employee of \$27,104 was largely covered by the \$17,762 returned in public assistance collections per FTE used to reimburse the FIP program.
- ✓ For every \$1 spent to collect child support, \$5.71 was collected for children, families, and to reimburse taxpayers for the cost of public assistance (welfare).

<b>Funding Sources</b>	<p>The Child Support Recovery Unit is funded by state dollars and federal funds, including a match via federal financial participation and federal incentives based on key performance areas.</p> <p>The total budget for SFY17 is \$58,143,432:</p> <ul style="list-style-type: none"><li>• \$42,451,486 (73.0 percent) is federal funding.</li><li>• \$14,663,373 (25.2 percent) is state general fund.</li><li>• \$1,027,573 (1.8 percent) is other funding.</li></ul> <p>CSRU receives incentives based on performance in five key areas. Decreased availability of federal incentive dollars requires an additional state funding need.</p>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"><li>■ State General Fund (25%)</li><li>■ Federal Funds (73%)</li><li>■ Other Funding (2%)</li></ul> 
	<ul style="list-style-type: none"><li>✓ <i>In SFY17, CSRU will reimburse the FIP (welfare) program \$7.4 million (state share) in public assistance collections.</i></li><li>✓ <i>CSRU collections reimburse the FIP program for public assistance benefits. Thus without full funding for CSRU, decreased public assistance collections will become an additional funding need for the FIP program.</i></li><li>✓ <i>Without full funding for CSRU, families will be impacted by a loss of collections.</i></li></ul>	
<b>Legal Basis</b>	<p><b>Federal:</b></p> <ul style="list-style-type: none"><li>• 42 U.S.C. §602(a)(2) Additionally, in accordance with TANF Maintenance of Effort (MOE) requirements at 42 U.S.C. §609(a)(8) and §652(g)</li></ul> <p><b>State:</b></p> <ul style="list-style-type: none"><li>• Iowa Code, Chapters 252B, 252C, 252D, 252E, 252F, 252H, 252I, 252J, 252K</li><li>• Iowa Administrative Code, 441 IAC 95, 96, 97, 98 and 99</li></ul>	



# **Effectively Manage Resources**

**Field Operations  
General Administration  
Volunteers**

# Field Operations



## Purpose

The Field Operations staff directly and indirectly support the delivery of the department's protective, case management, and basic support services and provider support services.

## Who Is Helped

In SFY16, DHS Field Operations employees served the following individuals and families:

### Abuse Assessment:

- 56,091 calls to the abuse hotline were handled of which 28,338 were complaints of abuse that were accepted for onsite assessment.
- 37,840 children and dependent adults were assessed for abuse.

### Child Welfare Case Management:

- Almost 40,000 children and their families who are at risk or who experienced abuse were served.
- 10,449 adopted children with special needs are eligible for financial support.

Eligibility services for Medicaid, FA, FIP and CCA were provided to enable low-income Iowans access to health care, food, basic supports, and child care:

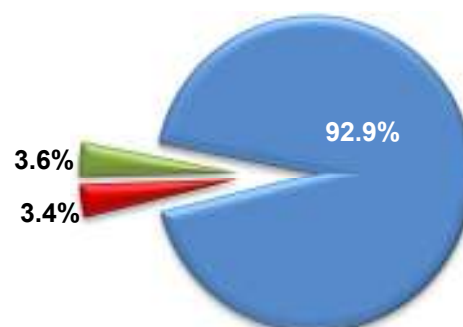
- 594,080 individuals received Medicaid, Iowa Health and Wellness Plan, and Family Planning waiver.
- 382,258 individuals received food assistance.
- 25,753 individuals and their families received FIP cash assistance.
- 20,138 children, as of June 30, 2016, were receiving child care assistance, which supports working parents.

Child care, foster families, nursing and other health care facilities were supported:

- 1,493 licensed child care centers were visited.
- 3,371 registered child care development homes were registered or monitored.
- 575,508 payments to child care providers were processed.
- 10,209 record checks were done for individuals seeking work in nursing facilities and other health care facilities.

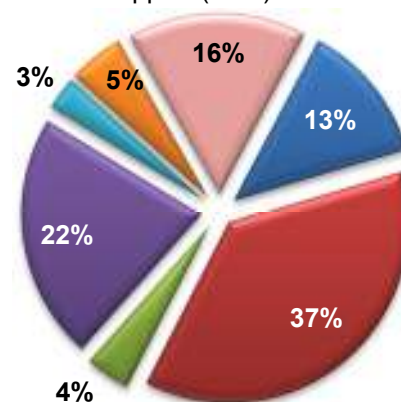
## Services by DHS Field Operations SFY16

- Abuse Investigations (3.4%)
- Services to Families - Social Work (3.6%)
- Income Maintenance (92.9%)



## Field Staffing by Classification

- Abuse Assess (13%)
- IM Work (37%)
- Management (4%)
- Social Work (22%)
- IM Supervisor (3%)
- SW Supervisor (5%)
- Support (16%)



- ✓ *About 36 percent of all assessments yield a finding of abuse, meaning there is a need for child welfare case management.*
- ✓ *Approximately 20,000 more Iowans are expected to require services from DHS between SFY16 and SFY18, primarily in Medicaid programs.*
- ✓ *85 percent of the providers that bill DHS for CCA are doing so through the provider portal.*



## Services By the Five Service Areas

Five Field Service Areas deliver the following basic services.  
At the start of SFY16, 1300 employees were located in 42 full time county offices.

**Protective Services:** 182 Social Worker 3 (SW3) staff assure child and dependent adult assessments are performed when abuse is alleged.

- Each assessment worker has 12 to 14 new assessments each month. The assessments must be completed within 20 business days.
- National standards call for no more than 10 to 12 new assessments per month.

### **A day in the life of a protective worker consists of:**

- Reviewing newly received child abuse intakes and, if needed, calling the reporter.
- Observing the child, sometimes within 1 hour or within 24 hours.
- Interviewing the child, parents, and others who may have knowledge of the case.
- Consulting supervisor regarding a safety plan for the family.
- Reviewing police and medical reports on other cases.
- Doing narratives and entering the data into computer system.
- Consulting with county attorney and attending court.
- Reviewing and providing information for appeals and attending appeal hearings.
- Finalizing a child abuse report and submitting to supervisor for approval.

**Child Welfare (CW) Case Management** for Children and Families: 336 Social Worker 2 (SW2) staff provide case management services.

- A CW Social Work Case Manager has 29-34 children and families for whom they are responsible. That is about double the Child Welfare League of America recommended caseload.

### **A day in the life of a CW case manager consists of:**

- Identifying child and parent needs.
- Developing case plans with families and service providers.
- Reviewing progress towards goals.
- Meeting with or talking with providers.
- Visiting a child and the family.
- Consulting with County Attorney on status of case.
- Writing court reports.
- Consulting with supervisor.
- Attending Juvenile Court hearings.
- Documenting the day's activities in the various case narratives.
- Reviewing and providing information for appeals and attending appeal hearings.

**Eligibility services** for Medicaid, FA, and FIP recipients. 450 IM staff perform eligibility activities for Medicaid, FA and FIP services.

- An IM worker is responsible for an average of 919 cases or families or roughly 1,819 individuals.
- In a usual day, an IM worker will complete and process nine new applications or review of existing cases to determine eligibility for FA, Medicaid, and FIP.

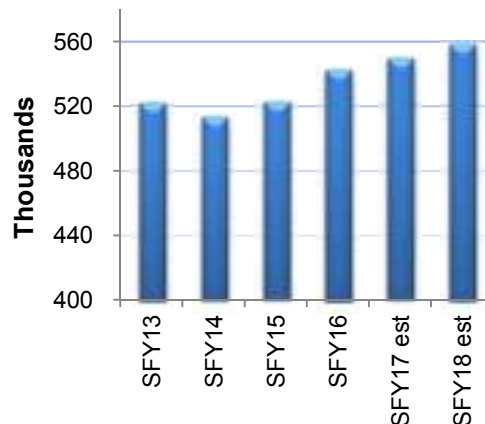
**A day in the life of an IM worker may consist of:**

- Review all of the required eligibility information for completeness.
- Perform look-ups in at least 7 different data bases to verify citizenship, income and other information.
- Conduct client interviews as required.
- Make referrals to other agencies for services as appropriate.
- Update information in the IABC.
- Reviewing and providing information for appeals and attending appeal hearings.

Other Service Area Staff include: 78 SW Supervisors who provide clinical consultation and approve all child abuse findings and case plans. 36 IM Supervisors who provide eligibility and case consultation to IM staff. 36 support staff, on average, in each Service Area to support the Social Work and IM staff. There are approximately 7 staff per service area provide administrative support and oversight of the statewide Service Area staff and service delivery.

Field Services include the Bureau of Refugee Services. The primary function of this 19-person unit is to help non-English-speaking refugees find employment. Services include an intensive employment-readiness class for new arrivals. The caseload averages about 40-50 cases per worker. Main areas of employment continue to be jobs at meatpacking, housekeeping, and manufacturing. Success is measured regarding amount of pay, rate of retention for at least 90 days, degree of health insurance coverage, and ability to leave public welfare assistance programs (FIP). Funding is a blend of federal funds, competitive grants, and PROMISE JOBS funds. At least 30,000 refugees have settled in Iowa since the resettlement program began in 1975.

**Average Monthly Cases**

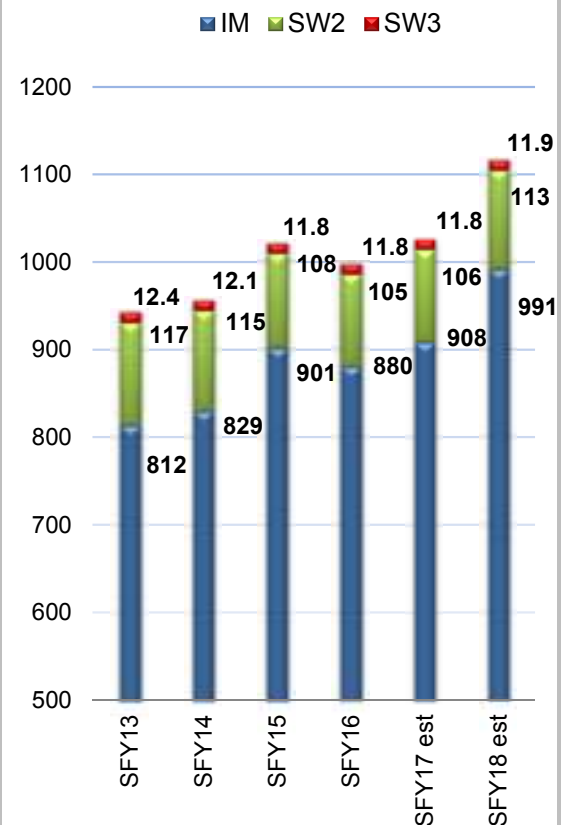


**Projections of workloads for all Field Staff:**


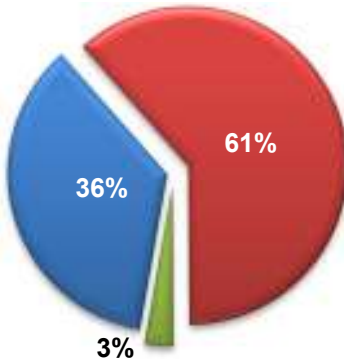
- The services delivered by line staff are measured using the number of cases supported by a single worker or "cases per worker." Cases typically include families with slightly over two individuals. A caseload measure is used because many of the functions that are performed for a family or household are only performed one time and do not need to be repeated for each individual receiving services.

Based on the projected number of persons to be served by a program, the cases per worker are calculated.

**Cases Per Worker**



<b>Services by the Centralized Service Unit</b>	<p>The Centralized Service Area has nine specialized units. At the beginning of SFY16, there were 235 staff in the Centralized Service Area, located primarily in Des Moines and Council Bluffs.</p> <ul style="list-style-type: none"> <li>• <b>Service Intake Unit:</b> 32 staff accept reports of abuse by the public, determine the cases that meet child abuse criteria and refer the assessment to the appropriate Service Area.</li> <li>• <b>Child Care Unit:</b> 73 staff determine eligibility for child care assistance, handle billing, and registration.</li> <li>• <b>Centralized Facility Eligibility Unit:</b> 28 staff determine Medicaid eligibility for individuals in nursing homes.</li> <li>• <b>IM Customer Service Center:</b> 59 staff receive and address reported changes in client eligibility information.</li> <li>• <b>Child Care Licensure Unit:</b> 13 staff conduct on-site licensure visits of and investigate complaints in 1,493 child care centers.</li> <li>• <b>Title IV-E Unit:</b> 23 staff determine eligibility for federal IV-E funding and Medicaid eligibility for children in foster and adoptive care to maximize federal financial participation.</li> <li>• <b>Integrated Claims Recovery Unit:</b> 13 staff will investigate, establish claims and recoup money, for fraud and overpayments in assistance programs.</li> <li>• <b>Interstate Compact:</b> 3 staff oversee the movement of children in the child welfare and juvenile justice systems between states.</li> <li>• <b>Central Abuse Registry:</b> 6 staff respond to inquiries of the Central Abuse Registries and perform record check evaluations for employers and citizens.</li> </ul>	
<b>Services by Field Support</b>	<p><b>Field Support:</b> 40 staff review and respond to client/family case inquiries; provide Help Desk support to front line staff (e.g. case consultation and IT support); and monitor and provide assistance to improve field performance.</p>	
<b>Goals &amp; Strategies</b>	<p>Goal: Improve Safety, Well-Being, and Permanency for Iowa's Children. Strategies:</p> <ul style="list-style-type: none"> <li>• Victims of alleged abuse will be seen timely</li> <li>• Focus on best practice to assure children receive effective and timely services.</li> </ul> <p>Goal: Improve Iowan's Health and Employment and Economic Security. Strategies:</p> <ul style="list-style-type: none"> <li>• Provide timely and accurate Medicaid eligibility for Medicaid, FA, FIP and CCA</li> </ul> <p>Goal: Provide Quality Child Care Services. Strategies:</p> <ul style="list-style-type: none"> <li>• Process CCA payments timely</li> <li>• Conduct annual CC licensure visits on all child care centers</li> </ul>	<p>Results across SFY15-SFY16:</p> <ul style="list-style-type: none"> <li>• 99.4 percent of assessment reports met timeliness requirements.</li> <li>• 92.2 percent of children are safe from re-abuse.</li> <li>• States are no longer ranked nationally on timeliness of adoption. However, DHS consistently finalizes over 50 percent of adoptions within 24 months of a child's removal from home, which exceeds the federal expectations for timeliness of adoptions.</li> <li>• On average, 7,260 monthly medical applications are processed within 12 days of receipt.</li> <li>• Processed 9,334 Medicaid nursing facility applications, review and case actions annually.</li> <li>• Iowa Food Assistance accuracy rates have reached 96 percent.</li> </ul>

	<p>Goal: Effectively Manage Resources and Prevent Fraud and Abuse.</p> <p>Strategies:</p> <ul style="list-style-type: none"> <li>• Maintain current IV-E eligibility penetration rates</li> <li>• Implement Integrated Claims Recovery Unit (ICRU)</li> </ul>	<ul style="list-style-type: none"> <li>• 99.7 percent of child care claims are paid timely.</li> <li>• 100 percent of child care centers were visited annually.</li> <li>• SFY16 Iowa earned \$51.3 million in federal IV-E match for foster care and adoption costs which lowered the need for general funds.</li> <li>• SFY16, the Integrated Claims Recovery Unit established over \$2.3 million in claims related to inaccurate or fraudulently claimed benefits.</li> </ul>
<p><b>Cost of Services</b></p>		<p><i>Less than 2 ½ cents of each dollar in the DHS budget is spent on Field Operations -- the staff who provide protective, case management, eligibility determinations, and key provider support functions.</i></p> <p>✓ <i>94 percent of the SFY16 Field Operations expense was staffing costs; the remaining six percent supports operational expenses for staff travel, office supplies, depreciation, DAS fees, annual technology licensure costs, State Auditor costs, and technology replacement.</i></p>
<p><b>Funding Sources</b></p>	<p>Field Operations is funded by state general funds and a blend of federal funds including Title IV-B, Title IV-E, Title XIX, Food Assistance, TANF, CCDF, and SSBG.</p> <p>The SFY 17 total budget is \$152,420,154</p> <ul style="list-style-type: none"> <li>• \$54.4 million state general fund.</li> <li>• \$93.6 million is federal funds.</li> <li>• \$4.4 million is other funds.</li> </ul>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"> <li>■ State General Fund (36%)</li> <li>■ Federal (61%)</li> <li>■ Other Funding (3%)</li> </ul> 
<p><b>SFY18 &amp; SFY19 Budget Drivers</b></p>	<p>This request includes \$4,478,099 to replace one-time TANF surplus funds appropriated in SFY17 that will not be available in SFY18 or SFY19.</p>	

## Legal Basis

### **Federal:**

- Title IV-A and Title IV-B of the Social Security Act
- Code of Federal Regulations: 42 CFR 435.403, 435.906, and 435.908; § 431.50; 7 CFR 273.2(a)-(c)
- Sec. 422.42 U.S.C. 622

### **State:**

- Iowa Code Chapters 217.42-44, 234.12, 235A.14, 235B, 239B, and 249A.3
- Iowa Administrative Code, 441 IAC 1.4(17A) and 441 IAC 65.2(234)

# General Administration



<b>Purpose</b>	<p>The General Administration appropriation funds the administrative support and oversight staff of the Department. The General Administration team is responsible for fiduciary oversight for the \$6.0 billion budget and for program compliance and integrity for all state and federally funded programs administered by the Department.</p>
<b>Who Is Helped</b>	<div data-bbox="394 468 987 1039"> <p>The current staff of 282 employees provides leadership, management, and support for the delivery of quality human services to more than 1,002,587 unduplicated individuals/families.</p> <p>4,347 Field, CSRU, Facility and program staff responsible for actual delivery of service rely on General Administration for policy and technical expertise, support, and oversight.</p> <p>Nearly \$5.6 billion (94 percent) of the \$6.0 billion DHS budget is paid to vendors, providers, and lowans in the form of provider claims, service &amp; goods payments, and program benefits.</p> </div> <div data-bbox="1019 468 1524 1039"> </div>
<b>Services</b>	<p>General Administration is organized into seven divisions, as well as the Director's office. The divisions include:</p> <ul style="list-style-type: none"> <li>• Iowa Medicaid Enterprise</li> <li>• Mental Health and Disability Services</li> <li>• Adult, Children, and Family Services</li> <li>• Field Operations - Child Support Recovery Unit</li> <li>• Data Management</li> <li>• Fiscal Management</li> <li>• Policy Coordination</li> </ul> <p>General Administration staff:</p> <ul style="list-style-type: none"> <li>• Design or update programs/service requirements to comply with state and federal law.</li> <li>• Implement key services through DHS staff in the field or facilities or via community providers.</li> <li>• Develop, monitor, and account for the budgets under more than 75 active appropriations, funds, and federal funding sources.</li> <li>• Maintain and update web-based and mainframe-based applications and network connection points to support DHS offices in all 99 counties.</li> <li>• Oversee direct service delivery by Field, CSRU, and six facilities.</li> </ul>

**IME:** 41 staff are responsible for Medicaid and the IA Health Link \$5 billion budget, and CHIP/*hawk-i* with a \$150 million budget; as well as oversight of nearly \$70 million in contracts and nearly \$5 billion in provider payments annually.

**MHDS:** 19 staff are responsible for the MHDS redesign planning and implementation, oversight of the 6 DHS facilities, accreditation of more than 220 community providers annually, administrative oversight of DHS Targeted Case Management, and monitoring and oversight of 178 contracts with an annual operating budget of over \$110 million.

**ACFS:** 60 staff are responsible for policy and state/federal compliance for FA, FIP, PROMISE JOBS, CCA, Child Abuse, and CFS programs and over \$1.0 billion in contracts for basic services, CCA, and CFS.

**Field:** 26 staff are responsible for oversight of all field operations, abuse registries, record check evaluations for all employee applicants for Iowa health care facilities and DHS staff, interstate compact on placement of children, help desks for case consultation and advice, quality improvement (Lean Business Process Improvement), and monitoring and oversight of 446 contracts.

**DDM:** 70 staff and contractors support 100 management information systems, 354 servers and support networks for DHS in all 99 counties, providing over 34,198 technical help desk inquiries annually to ensure DHS systems and data security are maintained in accordance with all state and federal law.

**Fiscal:** 44 staff budget, monitor, and account for a \$6.0 billion budget, process approximately 34,000 claims for payment to vendors and employee travel reimbursement and provide oversight for over 150,000 payments to clients and providers, provide service contract support for 1,521 DHS service contracts, coordinate all state and federal financial and program audits, manage the Department's federal cost allocation plan, and submit more than 175 required federal reports annually. Fiscal administration also provides agency human resources oversight.

**Policy Coordination Unit:** 7 staff process over 9,000 appeals and 3,500 exceptions to policy annually, manage and publish rules and the DHS employee manual, and provide public policy information as requested.

***A complex chain of events is initiated by DHS General Administration when the Legislature or Congress passes a new law or changes existing law.***

Legislature or Congress passes a new law or changes existing law relating to DHS services

Identify program changes and requirements  
Program planning and design  
Write or revise rules  
Write new or revise employee manual  
May require vendor contract changes or creating RFP and procuring new vendor services

Identify information systems changes  
Code, Test, Data conversion


Set up budget/account systems  
If new, estimate method for payment

Train staff  
Notify clients and/or /providers

Implement  
Pay bills  
Monitor performance  
Answer questions

These activities occur **simultaneous** with management of more than 120 current programs.



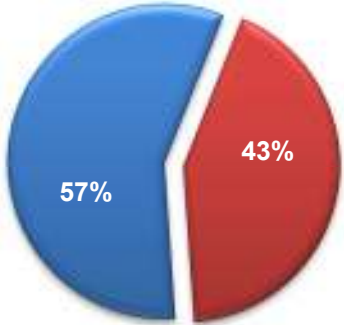
	<ul style="list-style-type: none"> <li>✓ <i>General administrative staff comprise less than 6 percent of total DHS staff.</i></li> <li>✓ <i>Fiscal Management is responsible for a \$6.0 billion budget, including \$4.2 billion in federal and other funding from many different funding sources.</i></li> </ul>	
Goals & Strategies	<p>Goal: Effectively Manage Resources</p> <p>Strategies:</p> <p>Implementation of State and Federal Law</p> <ul style="list-style-type: none"> <li>• Implement state and federal law accurately and timely</li> <li>• Assure program design and delivery are efficient and effective</li> <li>• Ensure program integrity</li> </ul> <p>Effective Budget Management</p> <ul style="list-style-type: none"> <li>• Ensure cost management consistent with available resources</li> <li>• Sustain or improve Federal Financial Participation</li> </ul> <p>Customer Service</p> <ul style="list-style-type: none"> <li>• Pay providers timely</li> <li>• Respond timely to client/provider appeals</li> <li>• Respond timely the inquiries from stakeholders including the Legislature and the public</li> </ul> <p>Resource Management</p> <ul style="list-style-type: none"> <li>• Implement new ELIAS eligibility system and new MIDAS IME payment system</li> </ul>	<p>In SFY16:</p> <ul style="list-style-type: none"> <li>• DHS achieved Iowa Medicaid savings of nearly \$43.8 million through program integrity cost avoidance or recoveries while maintaining essential healthcare services and provider rates.</li> <li>• Overall DHS expenditures included over \$4 billion in federal funding which accounts for well over half of all expenditures.</li> <li>• DHS processed 100 percent of vendor payments within 45 days.</li> <li>• DHS processed changes to more than 240 forms, brochures, pamphlets, and reference cards.</li> <li>• DHS processed changes to more than 3,120 pages in more than 180 employee manual submissions.</li> <li>• DHS processed 322 pages of administrative rule changes in 21 administrative rule submissions.</li> <li>• DHS processed 522,937 words in 758 documents for translation into 36 distinct languages.</li> <li>• DHS prepared 2,562 responses to stakeholders including Legislators, Congressional delegates, constituents, FOIA-open record requests, and others.</li> <li>• Staff from all divisions worked with IME to procure managed care vendors to operationalize the Medicaid Modernization initiative. Today staff ensure program oversight and monitor managed care organization performance to ensure members receive necessary services and providers receive appropriate and timely payment.</li> </ul>
Cost of Services	Accounting for less than 1 percent of the total DHS budget, General Administration provides the foundation and infrastructure for the management and efficient delivery of the state's human services programs.	 <p><i>Since SFY11, less than One Cent of each dollar in the total DHS budget is allocated to General Administration.</i></p>

	<ul style="list-style-type: none"> <li>✓ <i>Between SFY11 and SFY16, the General Administration budget has been less than 0.90 percent of the total DHS budget. The SFY18 General Administration budget request is just 0.8 of the total budget.</i></li> <li>✓ <i>The general administration team is also responsible for cost management efforts across the Department's programs and services. These efforts recognize the goals of a predictable and sustainable budget while supporting the Department's efforts to provide to help individuals and families achieve safe, stable, self-sufficient, and healthy lives.</i></li> </ul>	
Funding Sources	<p>General Administration is funded by state general funds and federal funds, including a match via federal financial participation, Title IV-B, Social Services Block Grant and TANF (Temporary Assistance for Needy Families).</p> <p>The total budget for SFY17 is \$50,183,290:</p> <ul style="list-style-type: none"> <li>• \$33,594,487 (67 percent) is federal funding</li> <li>• \$16,388,805 (33 percent) is state general fund</li> </ul>	<p><b>SFY17 Funding</b></p> <ul style="list-style-type: none"> <li>■ Federal (67%)</li> <li>■ State (33%)</li> </ul> <p>A 3D pie chart titled 'SFY17 Funding' showing the distribution of funding. The blue slice represents Federal funding at 67%, and the red slice represents State funding at 33%.</p>
	<ul style="list-style-type: none"> <li>✓ <i>General Administration manages the Department's federal cost allocation plan to ensure compliance with federal requirements while maximizing federal funding available to the state for human services programs.</i></li> </ul>	
	<ul style="list-style-type: none"> <li>✓ <i>Federal financial participation and specified funding from selected program appropriations help fund the administrative needs of the department.</i></li> </ul>	
Legal Basis	<p><b>State:</b></p> <p>Iowa Administrative Code, 441 IAC 11.11(1)(a)</p>	

# Volunteers



<b>Purpose</b>	The Volunteer Services Program enhances the delivery of services to lowans in need.	
<b>Who Is Helped</b>	<p>Volunteers, under the supervision of paid staff, assist in providing compassionate and caring service far beyond the services which could be provided by staff alone.</p> <p>Department volunteers supplement paid staff rather than replacing staff. This staff-volunteer team approach results in extended services to clients and is an essential component in the broad delivery of services.</p> <p>More than 7,100 people volunteered their services to DHS in SFY16. The number of lowans served by volunteers in SFY16 included:</p> <ul style="list-style-type: none"> <li>• Children: 10,337.</li> <li>• Adults under age 60: 7,972.</li> <li>• Adults 60 and over: 3,415.</li> </ul>	<p><b>People Served by Volunteers in SFY16</b></p> <ul style="list-style-type: none"> <li>■ Children (47%)</li> <li>■ Adults &lt;60 years (37%)</li> <li>■ Seniors (16%)</li> </ul>
	<ul style="list-style-type: none"> <li>✓ <i>Volunteers donate from 3 to 40+ hours per week throughout the year.</i></li> <li>✓ <i>16 DHS volunteers received a Governor's Volunteer Award in 2016.</i></li> </ul>	
<b>Services</b>	<p>There were 106,279 total hours of volunteer service in SFY16. On average, 592 volunteers provided 15 hours of service per month. Service types include:</p> <ul style="list-style-type: none"> <li>• Direct service to clients/residents.</li> <li>• Indirect service, such as clerical assistance.</li> </ul> <p>Volunteer recruitment increased the number of volunteers from 472 to 592 between SFY 2015 and SFY 2016. There was also an increase of over 10,500 volunteer hours between SFY 2015 and 2016. With the higher number of volunteers, average hours per volunteer dropped from 17 hour to 15 hours.</p>	<p><b>Services in SFY16</b></p> <ul style="list-style-type: none"> <li>■ Individual Direct Service (79%)</li> <li>■ Individual Indirect Service (21%)</li> </ul>
<b>Goals &amp; Strategies</b>	Goal: Utilize volunteers to supplement client service and relieve frontline staff. Simplify reporting to improve accuracy and limit administrative duties	Results: An increase in volunteer hours began in SFY14. An emphasis is being placed on the utilization of volunteers along with simplification of the reporting requirements.
<b>Cost of Services</b>	<p>The average annual cost to recruit, coordinate, and support a single volunteer is \$21.</p> <ul style="list-style-type: none"> <li>✓ <i>If volunteers were paid at the base level of a clerk position, about \$11 per hour, the department cost would have been \$1,169,064 in SFY16.</i></li> </ul>	

<b>Funding Sources</b>	<p>The Volunteers program is funded by state dollars and federal funds, including the Social Services Block Grant.</p> <p>The status quo budget for SFY17 is \$147,927:</p> <ul style="list-style-type: none"> <li>• \$63,241 (42.8 percent) is federal funding</li> <li>• \$84,686 (57.2 percent) is state general fund</li> </ul>	<p><b>SFY17 Funding</b></p> <p>■ State (57%) ■ Federal (43%)</p>  <p>A 3D pie chart illustrating the funding distribution for SFY17. The chart is divided into two segments: a larger blue segment representing 57% (State) and a smaller red segment representing 43% (Federal). The percentages are displayed in white text on their respective segments. A legend above the chart shows a blue square for State (57%) and a red square for Federal (43%).</p>
<b>Legal Basis</b>	<p><b>Federal:</b></p> <ul style="list-style-type: none"> <li>• Domestic Volunteer Service Act of 1973(42 U.S.C. 4950 et seq),</li> <li>• 42 U.S. Code, Chapter 66</li> </ul> <p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code, Chapter 217.13</li> <li>• Iowa Administrative Code, 441 IAC 12</li> </ul>	



# **TANF and Block Grants**

**Temporary Assistance for Needy Families  
Social Services Block Grant  
Mental Health Block Grant**

# Temporary Assistance for Needy Families



## Purpose

Temporary Assistance for Needy Families (TANF) is a federal block grant that allows states flexibility in using funds to: help needy families care for children; end dependence on public benefits by promoting work; reduce out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families.

## Who Is Helped

TANF was created under the welfare reform legislation of 1996. Reform eliminated Aid to Families with Dependent Children (AFDC), ending federal entitlement and creating a flexible funding source for states to use in helping needy families achieve self-sufficiency.

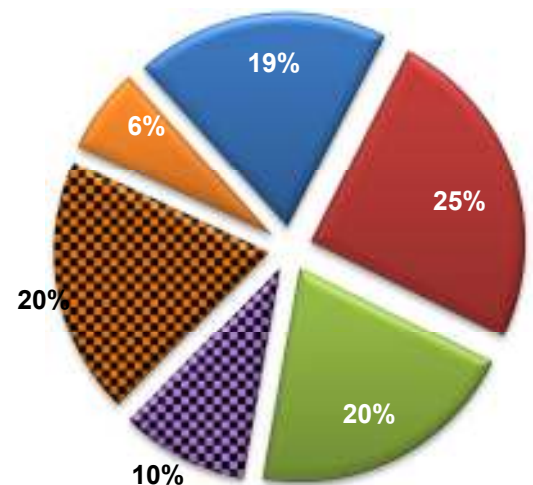
TANF funds are used to:

- Assist needy families so that children can be cared for in their own homes or in the homes of relatives.
- Reduce the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.
- Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual goals for preventing and reducing the incidence of these pregnancies.
- Encourage the formation and maintenance of two-parent families.

Flexibility in the program allows transfer of a combined total of 30 percent of annual TANF funds to the Child Care Development Fund (CCDF) and the Social Services Block Grant (SSBG).

## Utilization of TANF by Program SFY16

- Family Investment Programs (19%)
- Child Welfare (25%)
- Service Delivery (20%)
- SSBG Transfer (10%)
- CCDF Transfer (20%)
- Direct Child Care (6%)



Combined CCDF and SSBG Transfer = 30%.  
Combined CCDF Transfer and Direct TANF for CCA = 26%.

- ✓ *Cash assistance is limited to five years (lifetime) and assistance promotes work, responsibility, and self-sufficiency.*
- ✓ *The SFY17 Enacted Appropriation maximizes the combined amount of TANF transferred to CCDF and SSBG. Additional TANF funds are appropriated for direct child care assistance use.*

<b>Services</b>	<p>TANF funds are used for benefits and services targeted to needy families, as well as for service delivery and administrative expenses.</p> <p>The Family Investment Program (FIP) is the primary program that assists needy families so that children can be cared for in their own homes or in the homes of relatives.</p> <p>Programs designed to reduce dependence of needy parents on government benefits include:</p> <ul style="list-style-type: none"> <li>• PROMISE JOBS</li> <li>• Family Development and Self-Sufficiency (FaDSS)</li> <li>• Family Self-Sufficiency Grants (FSSG)</li> </ul> <p>Preventing and reducing the incidence of out-of-wedlock pregnancies and encouraging the formation and maintenance of two-parent families is supported by the following programs:</p> <ul style="list-style-type: none"> <li>• Pregnancy Prevention</li> <li>• Child Abuse Prevention</li> <li>• Child Welfare (selected programs)</li> <li>• Promoting Healthy Marriage</li> </ul> <p>Transfers to support other programs include</p> <ul style="list-style-type: none"> <li>• Child Care Assistance</li> <li>• Social Services Block Grant</li> <li>• Service Delivery</li> </ul> <p>✓ <i>Using a small portion of TANF funding for promoting healthy marriage allows the state to expand categorical eligibility for food assistance thus providing food assistance benefits to more lowans in need.</i></p>
<b>Goals &amp; Strategies</b>	<p>Goals, strategies, and performance results for TANF are incorporated into the programs that TANF funds support.</p>
	<p>✓ <i>Use of TANF funds for administration of TANF programs is limited to 15 percent; Iowa spends less than 10 percent.</i></p> <p>✓ <i>Current funding and authorization for TANF expires September 30, 2016. The last true reauthorization of TANF was under the Deficit Reduction Act of 2005. Since then, authority and funding have continued under a number of continuing resolutions and similar legislation with no major policy changes.</i></p> <p>✓ <i>A number of bills have been introduced that would make selective changes to TANF; however, the most likely scenario is a one-year extension until September 30, 2017, without significant policy changes.</i></p>
<b>Funding Sources</b>	<p>The total SFY17 Enacted Appropriation for TANF funds is \$146,001,005.</p> <p>The Iowa Legislature allocates the grant award annually under the general categories described above. TANF funds not spent in the year awarded remain available to the state for future years.</p> <p>Iowa's annual TANF award is \$131,524,959. Federal law allows Indian Tribes to apply to operate Tribal Family Assistance programs. Tribes approved to operate Tribal TANF programs are allocated a portion of the state's annual TANF award based on the amount of federal funds expended by specified pre-TANF programs for Native Americans in the geographic area to be served by the Tribal TANF program.</p>



Two Tribal TANF programs currently operate in the state: the Winnebago Tribe has been allocated \$531,007 to provide TANF funded services to Native Americans in Woodbury County; while the Omaha Tribe has been allocated \$1,852 to provide TANF services to Native Americans in Monona County

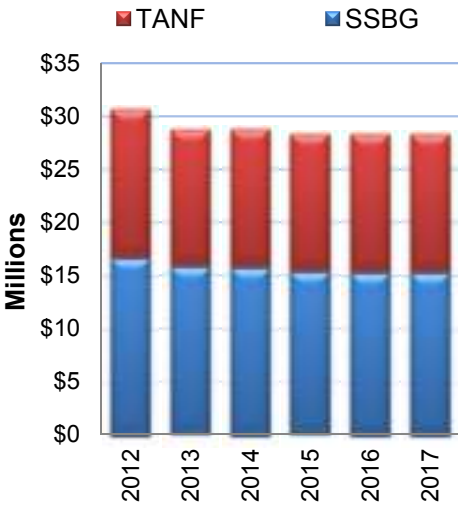
The amount of funds from the state's annual TANF award available after allocations for Tribal programs is \$130,992,100.

- ✓ *Use of TANF funds for administration of TANF programs is limited to 15 percent; Iowa spends less than 10 percent.*
- ✓ *State funds of at least 80 percent of spending under the prior AFDC programs (pre-reform) must be expended as Maintenance of Effort (MOE). This requirement is reduced by the same proportion that TANF funds are allocated for Tribal TANF programs. Iowa's MOE requirement for TANF is \$65,826,383 after adjustment due to the Tribal TANF programs.*

# Social Services Block Grant



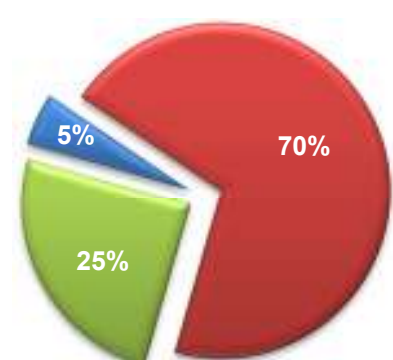
Purpose	Social Services Block Grant (SSBG) funded programs assist individuals or families to become less dependent on others for financial support or personal care; protect vulnerable children and/or adults; preserve or reunite families; support transition to independence; and avoid unnecessary or premature institutionalization.	
Who Is Helped	<p>Iowa's intended use plan* for the state's SSBG allocation advances the following SSBG goals on behalf of Iowans:</p> <ul style="list-style-type: none"> <li>• Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency.</li> <li>• Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.</li> <li>• Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families.</li> <li>• Preventing or reducing inappropriate institutional care by providing community-based care, home-based care, or other forms of less intensive care.</li> <li>• Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.</li> </ul> <p>*The 2017 SSBG Pre-Expenditure Report (intended use plan) is available on the DHS website under Reports.</p>	<p><b>SFY17 Projected Use of SSBG Funds, by Program</b></p> <ul style="list-style-type: none"> <li>■ Case Management (39%)</li> <li>■ Protective Services-Adult (1%)</li> <li>■ Foster Care - Adults (&gt; 1%)</li> <li>■ Foster Care - Children (5%)</li> <li>■ Home - Based Services (25%)</li> <li>■ Indep/Transitional Living Services (20%)</li> <li>■ Special Services - Disabled (4%)</li> <li>■ Other - Volunteers (&gt; 1%)</li> <li>■ Administrative Costs (6%)</li> </ul>
	<ul style="list-style-type: none"> <li>✓ <i>Prior to the mandatory sequestration in March 2013, as outlined in the Budget Control Act of 2011, the federal SSBG allocation remained consistent at approximately \$16.6 million from 2008-2013.</i></li> <li>✓ <i>Sequestration and reallocations based on the most recent census reduced Iowa's allocation from \$16.6 million to \$15.8 million for FFY 2014 and to \$15.3 million for FFY 2015 - FFY 2017.</i></li> <li>✓ <i>This federal block grant continues to be threatened by Congressional actions:</i> <ul style="list-style-type: none"> <li>• <i>Potential future reductions for non-exempt mandatory programs, including SSBG.</i></li> <li>• <i>Total elimination of the block grant under various House of Representative Labor, Health &amp; Human Services funding proposals.</i></li> </ul> </li> </ul>	
Goals & Strategies	<p>Goal: Promote Iowans' Behavioral Health Status</p> <p>Strategies:</p> <ul style="list-style-type: none"> <li>• Provide access to mental health services.</li> </ul>	<p>SFY 16 key performance</p> <ul style="list-style-type: none"> <li>• 16 people (unduplicated) were served by the State Payment Program (SPP). They all had a mental illness diagnosis.</li> </ul>

	<p>Goal: Improve safety, permanency, and well-being for Iowa's children</p> <p>Strategies:</p> <ul style="list-style-type: none"><li>• Provide access to child welfare services.</li><li>• Promote best practice in service delivery.</li></ul>	<ul style="list-style-type: none"><li>• Although states are no longer ranked nationally on timeliness of adoption, DHS consistently finalizes over 50 percent of adoptions within 24 months of a child's removal from home, which exceeds the federal expectations for timeliness of adoptions.</li><li>• 99.4 percent of abuse assessment reports meet timeliness requirements.</li><li>• 92.2 percent of children are safe from re-abuse.</li></ul>																												
	<p>✓ <i>HHS' Administration for Children &amp; Families (ACF) has implemented new performance measure strategies to improve States' efficiency in planning for the use of SSBG funding.</i></p> <ul style="list-style-type: none"><li>• <i>States will receive an overall performance score reflecting the percentage of all SSBG allocated dollars that were spent as the state projected in their Intended Use Plan. The target is 85 percent. Iowa's performance on this measure has exceeded 90 percent for the the last nine years, based on aggregate SSBG expenditures.</i></li><li>• <i>In addition, ACF expects the percentage of SSBG funding used for administrative costs to be 10 percent or less; this will be formalized in a performance measure in the future. Iowa's intended use plans for 2015-2017 have anticipated administrative cost use of less than six percent.</i></li></ul>																													
Funding Sources	<p>In 2012, Iowa planned for an annual federal fiscal year SSBG award of over \$16.6 million. In addition, approximately \$13.9 million of TANF funds were transferred into SSBG to make nearly \$30.6 million available to achieve Iowa's annual intended use plan strategies.</p> <p>Since 2013, Iowa's SSBG allocation has gradually decreased. In part, this was due to the Budget Control Act of 2011, and sequestrations; an additional decrease in the overall award is due to state reallocations based on the most recent U.S. Census.</p> <p>Iowa allocates the grant award annually according to the percentages depicted on the chart on the preceeding page.</p> <p>The projected annual federal fiscal year SSBG award in SFY17 is \$15.3 million. The planned transfer of approximately \$12.96 million TANF funds make nearly \$28.3 million available.</p>	<p><b>Total SSBG Expenditures*</b></p>  <table><thead><tr><th>Year</th><th>SSBG (Millions)</th><th>TANF (Millions)</th><th>Total (Millions)</th></tr></thead><tbody><tr><td>2012</td><td>16.6</td><td>13.9</td><td>30.5</td></tr><tr><td>2013</td><td>15.5</td><td>13.5</td><td>29.0</td></tr><tr><td>2014</td><td>15.0</td><td>13.0</td><td>28.0</td></tr><tr><td>2015</td><td>14.5</td><td>12.5</td><td>27.0</td></tr><tr><td>2016</td><td>14.0</td><td>12.0</td><td>26.0</td></tr><tr><td>2017</td><td>15.3</td><td>12.96</td><td>28.26</td></tr></tbody></table> <p>*2012-15 are actual; 2016-17 are projected</p>	Year	SSBG (Millions)	TANF (Millions)	Total (Millions)	2012	16.6	13.9	30.5	2013	15.5	13.5	29.0	2014	15.0	13.0	28.0	2015	14.5	12.5	27.0	2016	14.0	12.0	26.0	2017	15.3	12.96	28.26
Year	SSBG (Millions)	TANF (Millions)	Total (Millions)																											
2012	16.6	13.9	30.5																											
2013	15.5	13.5	29.0																											
2014	15.0	13.0	28.0																											
2015	14.5	12.5	27.0																											
2016	14.0	12.0	26.0																											
2017	15.3	12.96	28.26																											
	<p>✓ <i>In SFY17, the vast majority of the SSBG funding will be used to fund case management and child welfare services.</i></p> <p>✓ <i>Up to 10 percent of TANF funds can be transferred to SSBG, however the percentage of TANF funds is decreasing due to other competing service needs.</i></p>																													

# Mental Health Block Grant



Purpose	<p>The Mental Health Block Grant (MHBG) is a federal formula grant awarded to each state based on a combination of population and other economic factors. The MHBG is administered by the U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and is managed by the DHS, Division of Mental Health and Disability Services.</p> <p>The MHBG is required by federal statute to provide comprehensive, community-based mental health services to adults with serious mental illness and children with a serious emotional disturbance and to monitor progress in implementing a comprehensive, community-based mental health system. States are allowed to set aside up to 5 percent of the annual allocation for administrative costs.</p>
Who Is Helped	<p>Iowa law required that 95 percent of the MHBG be used for eligible community mental health services to carry out the plan submitted to, and approved by, SAMHSA. The legislation requires that providers use the MHBG funds for staff training or services to adults with a serious mental illness and children with a serious emotional disturbance. Of the 95 percent of the MHBG allocated to eligible providers, 70 percent is required to be distributed to accredited community mental health centers (CMHC).</p>
Services	<p>CMHC use the MHBG funds for the following purposes:</p> <ul style="list-style-type: none"> <li>• Community-based mental health services for adults with serious mental illness and children with a serious emotional disturbance not otherwise covered by Medicaid or third party insurance;</li> <li>• Integrated Health Home care coordination for adults with a serious mental illness and children with a serious emotional disturbance who are not eligible for Medicaid;</li> <li>• Staff training in evidence-based practices such as Cognitive Behavioral Therapy, parent-Child Interactive Therapy, and Motivational Interviewing;</li> <li>• Development of trauma-informed service systems;</li> <li>• Mental Health First Aid training;</li> <li>• First Episode Psychosis (FEP) programs.</li> </ul> <p>The remaining 25 percent is retained by the Department for projects and programs of benefit to the mental health system, including:</p> <ul style="list-style-type: none"> <li>• Required data collection;</li> <li>• Consumer stipends for mental health education;</li> <li>• Peer support and family peer support training;</li> <li>• The Office of Consumer Affairs;</li> </ul> <p>Support of the Mental Health Planning Council.</p>
Goals & Strategies	<p>Goal: Promote choice for people with disabilities.</p> <p>Strategy: Assure Iowans with mental health conditions can be effectively served in Iowa and have effective community-based options.</p> <p><i>The Goals and Strategies identified in the FFY16-17 MHBG Plan include:</i></p> <ul style="list-style-type: none"> <li>✓ <i>Improve the system of care for children with mental health needs and their families by improving interdepartmental coordination of children's mental health services and creation of a plan for children's mental health crisis services.</i></li> <li>✓ <i>Increase access to quality peer support services through increased training opportunities for persons wishing to become certified peer support and family peer support specialists.</i></li> </ul>

	✓ <i>Increase access to regional crisis services for lowans experiencing a mental health-related crisis.</i>	
Funding Sources	<p>The MHBG is funded entirely through the federal allocation.</p> <ul style="list-style-type: none"><li>• The FFY16 MHBG allocation is \$4,067,863.</li><li>• The FFY16 allocation includes an increase of \$381,568 from the FFY15 allocation of \$3,686,277. SAMHSA increased the amount of each state’s allocation to allow for 10 percent of the MHBG to be set aside for FEP programs.</li><li>• In the most recent fiscal year (FY2016), DHS had 33 contracts with a total of \$4,323,076 committed to those contracts.</li><li>• The state has two years to expend each year’s MHBG allocation.</li></ul>	<p><b>Projected Distribution of MHBG Funds in SFY17</b></p> <ul style="list-style-type: none"><li>■ Administration (5%)</li><li>■ CMHC (70%)</li><li>■ Other Mental Health Providers (25%)</li></ul> 
Legal Basis	<p><b>Federal:</b></p> <ul style="list-style-type: none"><li>• Title XIX, Part B, Subpart II and Subpart III of the Public health Service Act and Title 42, Chapter 6A, Subchapter XVI of the United States Code.</li></ul> <p><b>State:</b></p> <ul style="list-style-type: none"><li>• 2015 Iowa Acts, Chapter 130, Section 2.</li></ul>	

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SFY	Appropriation	Request Description	Amount
18	N20	Medical Assistance	Expenditure Growth - Per member per month expenditure growth will be established as the department and its actuarial consultant assess emerging trends. tbd
18	N20	Medical Assistance	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate. \$15,910
19	N20	Medical Assistance	Expenditure Growth - Per member per month expenditure growth will be established as the department and its actuarial consultant assess emerging trends. tbd
19	N20	Medical Assistance	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate. \$15,910
18	N28	Medical Contracts	Changes in Federal Financial Participation (FFP), contract costs and operational costs. \$1,261,900
18	N28	Medical Contracts	To replaces a portion of the SFY17 appropriation from the Pharmaceutical Settlement Account (lower revenues anticipated in SFY18). \$800,000
19	N28	Medical Contracts	Changes in contract costs and operational costs. \$656,701
18	N22	CHIP	Prior year unfunded need. \$665,445
18	N22	CHIP	2.5% increase in member months, performance payments and FMAP change. -\$893,355
18	N22	CHIP	Expenditure Growth - Per member per month expenditure growth will be established as the department and its actuarial consultant assess emerging trends. TBD
19	N22	CHIP	2.5% increase in member months, performance and health insurer fee payments. \$483,201
19	N22	CHIP	Expenditure Growth - Per member per month expenditure growth will be established as the department and its actuarial consultant assess emerging trends. TBD
18	N10	SSA	Decrease in Dependent Persons caseloads and RCF bed days; IHRC expected to remain stable. -\$1,238,784
19	N10	SSA	RCF bed days continue to decrease. -\$51,001
18	M30	Cherokee	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses. \$71,597
18	M30	Cherokee	SFY17 operational remaining need. \$294,568
18	M30	Cherokee	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate. \$484,990
19	M30	Cherokee	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses. \$57,193

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<b>SFY</b>	<b>Appropriation</b>	<b>Request Description</b>	<b>Amount</b>
19	M30	Cherokee	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.
			\$484,990
18	M34	Independence	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.
			\$92,233
18	M34	Independence	SFY17 operational remaining need.
			\$312,447
18	M34	Independence	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.
			\$543,199
19	M34	Independence	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.
			\$81,797
19	M34	Independence	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.
			\$543,199
18	M40	Glenwood	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.
			\$67,840
18	M40	Glenwood	SFY17 operational remaining need offset by FMAP adjustment.
			\$691,647
18	M40	Glenwood	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.
			\$2,000,679
19	M40	Glenwood	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.
			\$71,649
19	M40	Glenwood	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.
			\$2,000,679
18	M42	Woodward	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.
			\$38,243
18	M42	Woodward	SFY17 operational remaining need offset by FMAP adjustment.
			\$371,866
18	M42	Woodward	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.
			\$1,322,432
19	M42	Woodward	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.
			\$32,656



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SFY	Appropriation		Request Description	Amount
19	M42	Woodward	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.	\$1,322,432
18	M28	CCUSO	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.	\$23,668
18	M28	CCUSO	Census increase of 4 patients, daily supervision and housing costs of patients released with supervision, incremental staffing increase (11 FTEs).	\$622,959
18	M28	CCUSO	SFY17 remaining need.	\$388,760
18	M28	CCUSO	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.	\$334,926
19	M28	CCUSO	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.	\$43,868
19	M28	CCUSO	Census increase of 4 patients, daily supervision and housing costs of patients released with supervision, annualization of SFY18 staffing increase and incremental staffing increase (15 FTEs).	\$1,167,892
19	M28	CCUSO	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.	\$334,926
18	N/A	Clarinda	Clarinda funding for SLIP and workers compensation premiums.	\$215,158
19	N/A	Clarinda	Clarinda funding for SLIP and workers compensation premiums (incremental adjustment to SFY18 request).	-\$14,827
18	N/A	Mt. Pleasant	Mt. Pleasant MHI funding for SLIP and workers compensation premiums.	\$263,057
19	N/A	Mt. Pleasant	Mt. Pleasant MHI funding for SLIP and workers compensation premiums (incremental adjustment to SFY18 request).	-\$8,435
18	N/A	Toledo	Toledo funding for SLIP, infrastructure, service contracts, IT costs, and workers compensation premiums.	\$376,331
19	N/A	Toledo	Toledo funding for SLIP, infrastructure, service contracts, IT costs, and workers compensation premiums (incremental adjustment to SFY18 request).	\$2,410
18	N65	MHDS Regional Funding	A SFY18 and SFY19 budget request is not being made at this time. A mental health and disability services redesign progress report, including financial stability and fiscal viability of the MHDS Regions, will be submitted to the Governor and General Assembly in November 2016.	-\$3,000,000

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<b>SFY</b>	<b>Appropriation</b>	<b>Request Description</b>	<b>Amount</b>
18	N70	Adoption Subsidy	Caseload growth and adoption savings reinvestment offset by saving related to policy changes in IV-E eligibility and FMAP change.
			-\$793,122
18	N70	Adoption Subsidy	Notwithstanding Iowa Code Section 234.38 (65% USDA) and maintain SFY18 payment rates at the SFY17 level (\$5,199,239). SFY18 rates average 57.33% of the USDA estimated cost.
			Net 0
19	N70	Adoption Subsidy	Notwithstanding Iowa Code Section 234.38 (65% USDA) and maintain SFY18 payment rates at the SFY17 level (\$927,402). SFY19 rates average 56.04% of the USDA estimated cost.
			Net 0
18	N71	CFS	Changes in IV-E eligibility and FMAP change.
			-\$214,359
18	N71	CFS	Notwithstanding Iowa Code Section 234.38 (65% USDA) and maintain SFY18 payment rates at the SFY17 level (\$1,574,557). SFY18 rates average 56.86% of the USDA estimated cost.
			Net 0
19	N71	CFS	Notwithstanding Iowa Code Section 234.38 (65% USDA) and maintain SFY18 payment rates at the SFY17 level (\$593,654). SFY18 rates average 54.33% of the USDA estimated cost.
			Net 0
18	M22	Eldora	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.
			\$65,976
18	M22	Eldora	Funding to restore loss of grant previously funding the substance use disorder program.
			\$212,000
18	M22	Eldora	SFY17 remaining need.
			\$40,124
18	M22	Eldora	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.
			\$440,124
19	M22	Eldora	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.
			\$82,156
19	M22	Eldora	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.
			\$440,124
18	N32	FSS	SFY18 Reduction in Family Support Subsidy payments due to children aging out.
			-\$60,000
18	N32	FSS	SFY18 Use savings from Family Support Subsidy to expand services for the Children at Home program to serve additional children
			\$60,000
19	N32	FSS	SFY19 Reduction in Family Support Subsidy payments due to children aging out.
			-\$64,000
19	N32	FSS	SFY19 Use savings from Family Support Subsidy to expand services for the Children at Home program to serve additional children
			\$64,000

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SFY	Appropriation		Request Description	Amount
18	N01	FIP	Caseloads are expected to decrease; cost per case is expected to decrease slightly. PROMISE JOBS referrals expected to decrease due to declining FIP caseload. Offset by increased electronic benefit transfer (EBT) contract costs.	-\$2,669,395
19	N01	FIP	Increased EBT contract costs.	\$76,141
18	N56	CCA	Increased costs due to caseload growth and cost per case for Child Care Assistance plus annualization of job search costs and adjustments in TANF allocations.	\$5,359,667
18	N56	CCA	Increased cost and caseloads for exit eligibility.	\$3,620,555
19	N56	CCA	Increased costs due to caseload growth and cost per case for Child Care Assistance.	\$2,346,095
18	M12	CSRU	To offset depletion of federal incentive dollars.	\$1,585,050
18	M12	CSRU	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses and IRS 1075 background check compliance.	\$255,647
18	M12	CSRU	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.	\$380,292
19	M12	CSRU	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.	\$156,396
19	M12	CSRU	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.	\$380,292
18	M10	Field Operations	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses and IRS 1075 background check compliance.	\$316,582
18	M10	Field Operations	To maintain staffing and service levels at the SFY17 funded level.	\$2,332,105
18	M10	Field Operations	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.	\$2,649,363
19	M10	Field Operations	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.	\$94,609
19	M10	Field Operations	To maintain staff previously assigned to and funded by ELIAS (eligibility system development).	\$959,210
19	M10	Field Operations	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.	\$2,649,363
18	M01	General Admin	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses and IRS 1075 background check compliance.	\$142,179

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<b>SFY</b>	<b>Appropriation</b>		<b>Request Description</b>	<b>Amount</b>
18	M01	General Admin	To maintain staffing and service levels at the SFY17 funded level.	\$587,600
18	M01	General Admin	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.	\$506,717
19	M01	General Admin	Increased cost of services consistent with June 2016 Consumer Price Index (CPI) and growth in interagency expenses.	\$75,897
19	M01	General Admin	Salary costs to maintain existing staff. While a collective bargaining agreement for SFY18 and SFY19, the department has used an increase in costs similar to that experienced in SFY17 as a proxy estimate.	\$506,717
18	RIIF	Technology Needs	Additional state funding for ELIAS, ELIAS companion system and MMIS. Replaces \$2,992,416 deappropriation in SFY17.	\$2,992,416
19	RIIF	Technology Needs	ELIAS and MMIS technology funding SFY18 only (with three years to spend).	-\$2,992,416
Total additional funding request (SFY18 and SFY19)				<u><u>\$35,937,060</u></u>